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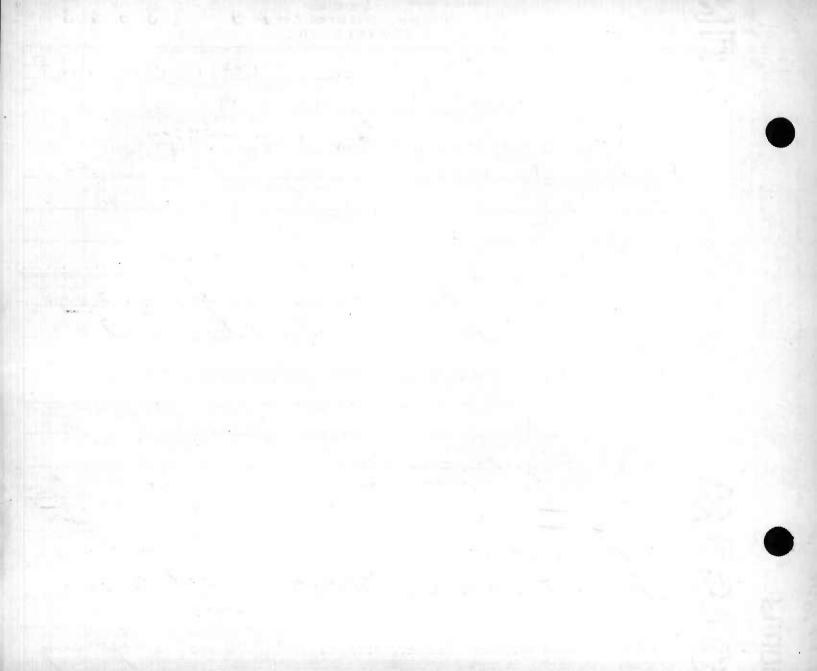
STATE OF MARYLAND

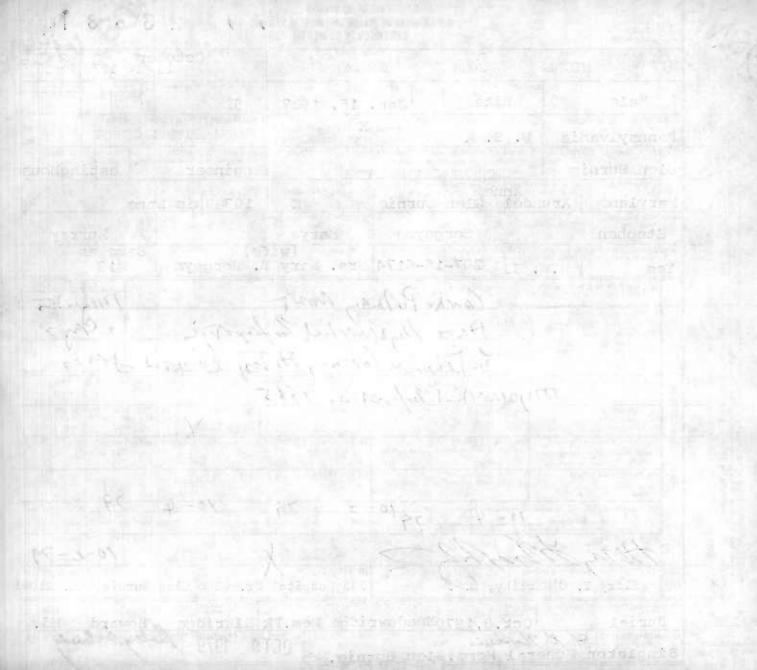
DEPARTMENT OF HEALTH AND MENTAL HYGUNE

FOR

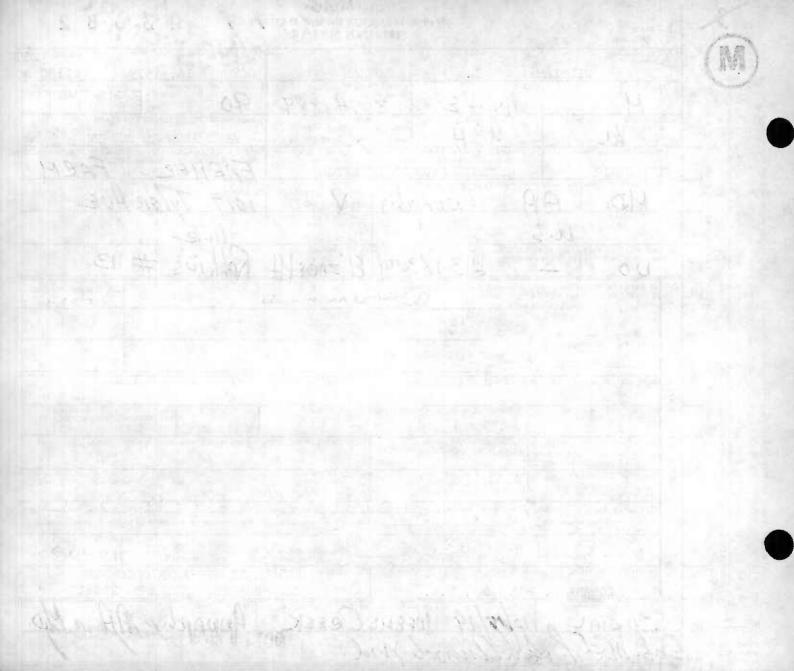
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1		CEASED NAME	FIRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR DS
1			WILLIAM	L.	ВО	WMAN	OCTOBER 1	4, 1979		11:30 A
опсе.	3 SE	× M	4.1	WHITE	5 DATE C	19 1889	6. AGE JIN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
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54		LEN BURN		NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE NORTH A			17a. USUAL OCCUPAT ITYPE OF WORK FOR MOST OF	ION OF WORKING LIFE)	126 KIND O	F BUSINESS OR
<b>7</b> 5	USU 13a	AL RESIDENCE III	NURSING HOME OF OTH	REFINSTITUTION, GIVE JESIDENCE 134 EITY OF	E BEFORE ADMISSIONI	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	YLER	AUE	
150	14. F/	ATHER'S NAME FIRST	luk	DIE LAS	st	15 MOTHER'S MAIDEN NA FIRST	ME UNDOYE		LAS	
L' Ille ma		VAS DECEASED E	EVER IN U.S. ARME		SECURITY NO.	PHZABF4H	Roll IV	S #	13	
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and	CERTIFICATION	19a DATE OF OF	PERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	G CAUSES	
9		OR CONTRIBUTING	CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTI P.M.	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)	
,	MEDICAL	21d. INJURY OC	CURRED NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn I x =	COUNTY	STATE
em 21 is		saw the de	ceased alive on	ew the body after death.	- 7 -	d that is (my) (our) apinion	death accurred on the d	ate and hour a		that (I)-(we) lost causes stated
ANT: #		226 SIGNATURI	Jees!	BOR	9.0	DEGREE ATTENDING PHYSICIAN &	MEDICAL STA		22c. DATE :	SIGNED > 7
2 1			HAEL B. I	PEARLMAN, M.	D.		BALTIMORE-A BURNIE, MA		S BLVI 21061	
2	730.	HURIAL CREMATI		10 00 / 19		EMETERY OR CREMATORY	23d AOCATION	die 1	912	M.D.
25M 1/79	1475	The MA	Ist X	Dung	Jole W	25a. 6	PHECTO WILLIAM	25h PEGISTRA	ESIGNATI	GRE /



1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARY IEALTH ANI ICATE OF	MENTAL HY	Ziene 9	REG. N	3	6	3 ;	3 DST
	CEASED NAME OR PRINT)	EARL.		NDREW		EWER,	SR.	2a. DATE	OF DEATH		9,19		26. HOUR 1203PM
3 SE:	(ale		4 RACE Whit	e	S. DATE C	H DAY	1895	84	N YEARS LAST BIR	YRS.	IF UNDER	DAYS	IF UNDER 24 HRS HOURS MIN
C	RTHPLACE (STATE DUNTRY)	OR FOREIGN	U.S.		WIDOWE	D	R MARRIED		NORE CITY O			ATH	MD.
G		RNIE	NORTH	OSPITAL, NURSIN H FACILITY, GIVE STREET / ARUNDFI	HOS		ISTITUTION	TYPE OF W	OCCUPAT ORK FOR MOST O	OF WORKING LI		ISTRY	BUSINESS OR
13a S Ma	ryland	136 COUN Arun	TYAnne	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Pasaden	N	YES 🗌	CITY LIMITS?	32	ET ADDRESS Kelli	ngtor	n Dr		
Ec	ther's NAME		NDDLE	Brewe		Ada			MIDDLE			Ller	
()	AS DECEASED E ES, NO OR UNKNOWN		WED FORCES? WAR OR DATES)	705.09.		Mild			chert		lsto	on,	
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CERTIFICATION	19g DATE OF OP			TION FOR WHICH					JTOPSY?	206. IF YES	S, WERE I	FINDING	
MEDICAL CER	21a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEA	P./	M. MONTH DA M.	YEAR		INJURY OCCUP	RRED (ENTER	NATURE OF INJU	JRY IN ITEM 18, F	PART 1 OR PA	ART 2]	
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	saw the decobove, (1) (v	eased alive on	C	e deceased from		nd hot in 6	(our) opinian	death occu	irred on the d	late and hou		om the co	
	226. SIGNATUR	ls (	and le	11/	1	DEGREE 1	ATTENDING PHYSICIAN	MEDICA DIRECTO	AL STA		226.	DATE S	IGNED 16/24
	ELLIS			M.D.		UNPV	ERSITY	OF I		OS BALTO	M		24204

IMPORTANT: If Hem 21 is marked or Item 18 E 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23b. DATE 19 Oct.13,79

event, th

njury, or other traumatic

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN STARE COUNTY

Mcl

24 FUNERAL DIRECTOR R. M. M. Singleton Funeral 24 FUNERAL DIRECTOR Home, Glen

Cedar Hill

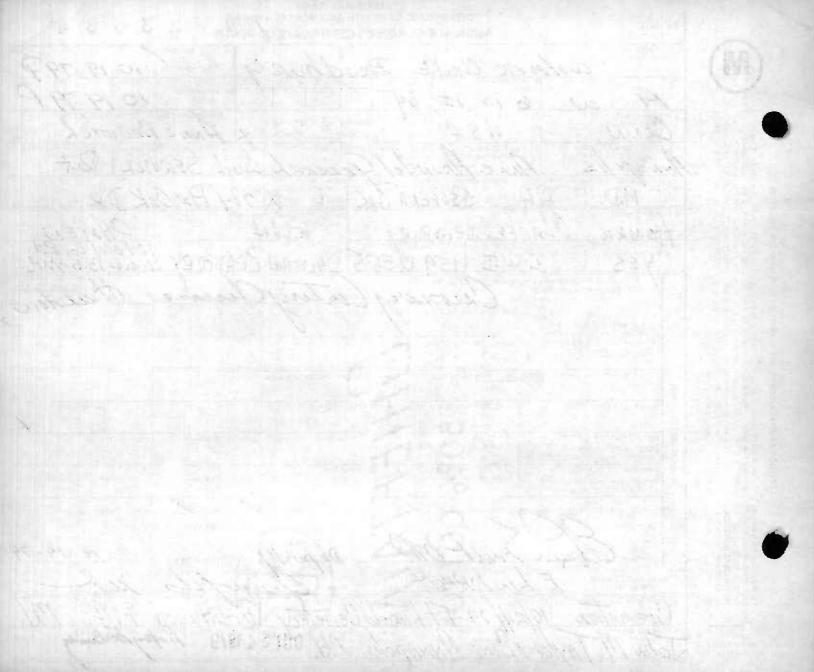
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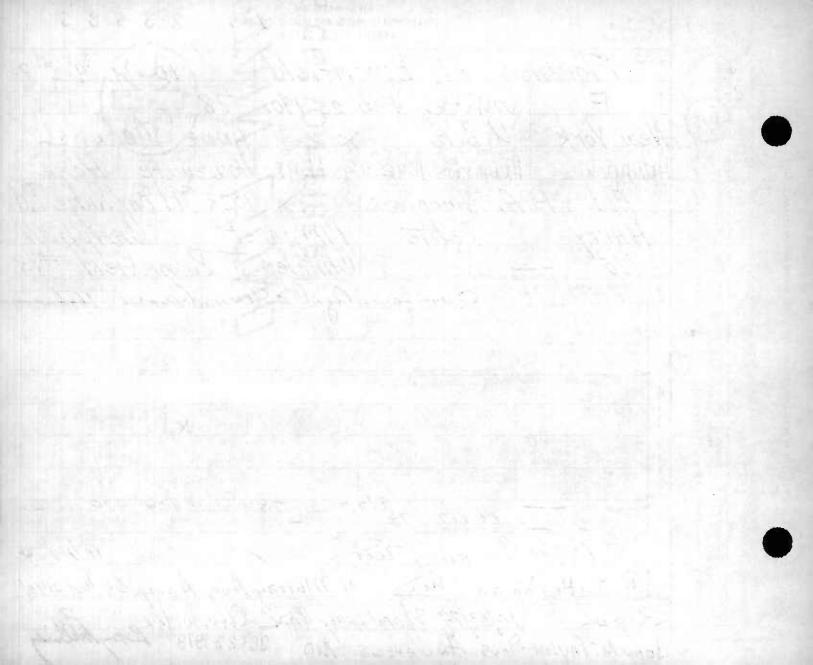
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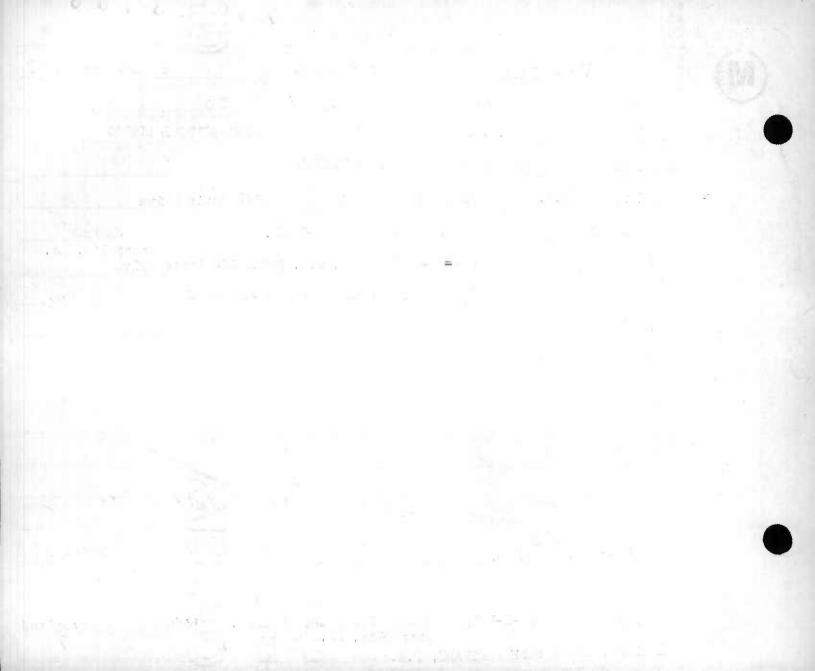
1	STATE OF MARYLAND		
11-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8 4	
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.		
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3. SE		FAR 2 HOUR	
0. 00	MONTH DAY YEAR LAST RIREMDAY WASHING DAY		
	M CU 6 15 15 69 YRS. MONTHS DATS HOURS MIN. PROTROUNCED 10 19 19/	4 - M	
7a. B	IRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTY OF DEAT	<b>y</b>	
1	OUN USA WIDOWED DIVORCED & HAVE ARUNDEL		
10:C		F BUSINESS	
10	(DR) NO	VSTRY	
X#	HATOIS HANRE FIRMINGEL GENERAL CIVIL SERVICE VON		
130.	AL RESIDENCE (IF IN NURSING HOME ON OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1/ 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS		
	M.D. HH SEVEPUR LOV YES NO X 254 HW Oak DO		
14. F	ATHER'S NAME 15. MOTHER'S MAIDEN NAME		
1	FIRST MIDDLE LAST FIRST MIDDLE LAST		
7	MAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ALL ALL A	N	
100.	ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	Ra	
	VES WWI 159 12 5635 Divicay DEADRIEX Severy Part	md.	
		MATE INTERVAL	
	PARTI DEATH WAS CAUSED BY:	ONSET AND DEATH	
	4/49 IMMEDIATE CAUSE (a) CHARLES (A) CHARL	the	
	Canditions, if any, which		
	gave rise to immediate (b)		
	cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF		
	(c)		
	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).		
Z			
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTO	05.73	
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1 =	YES	ONO.	
	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 10. EXTERNAL CAUSE WAS 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 10. EXTERNAL CAUSE WAS 216. TIME OF INJURY 10. EXTERNAL CAUSE WAS 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)		
K	CONTRIBUTING CAUSE OF DEATH P.M. 19		
MEDICAL	21d INJURY OCCURRED 216 PLACE OF INJURY (ATHOMS 211 LOCATION		
ME	WHILE AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE	
	AT WORK AT WORK		
	220. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry I, and in my apinion	1 70	
	ACTUAL DATE OF DATE	16 70	
-	SIGNATURE BALLET M.D.Depu JG MEDICAL EXAMINER SIGNED 10.	17-17	
	EXAMINER'S NAME FILE GROWN		
-	(TYPE OF PRINT)		
23a. E	MALCREMATION REMOVALIZED DATE . 123 NAME OF CEMETERY OF CREMATORY 123 TOTATION /	m /	
1	PROMOTION 10/24/79 Ft Lundy Camotony REPORTUNAL PONTY	TH.	
24. F	UNERAL DIRECTOR    25a PATE REC'D. BY REGISTRAR   254 REGISTRAR   254 REGISTRAR   256 REGISTRA	141	
1	To late Address All OCT 24 1979 harry Malace	1	
M	DIN TILLINOFT DONK TINNIPONS, / IC.		



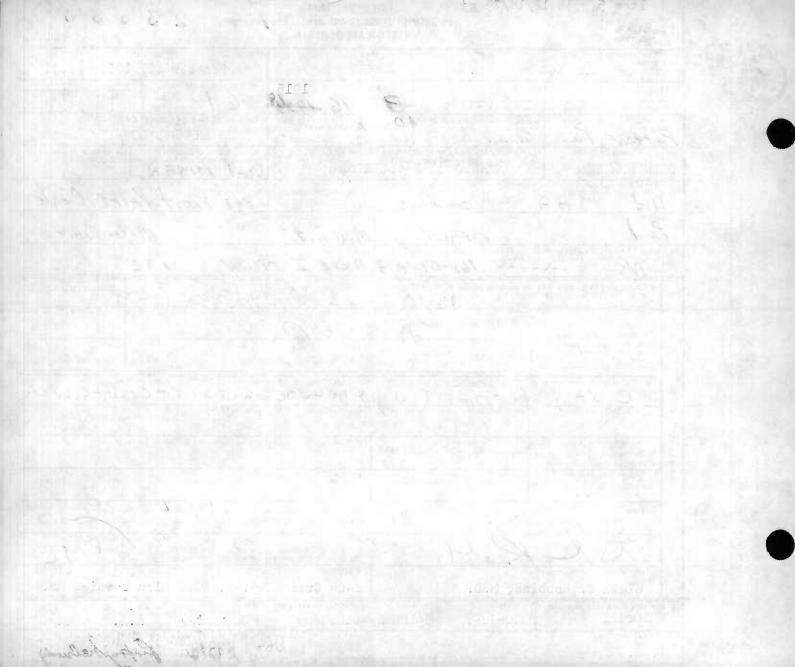
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11 05	130 S	AL RESIDENCE (IF NURSING HOME OR O TATE 13b COUNT		R TOWN	13 INSIDE CITY LIMITS?	13. STREET ADDRESS	1 BAY	Ridge Rd
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isit permit.	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		/ERE FINDINGS USED NG CAUSES OF DEATH?
certifico rriol-tror entol Hy Item 18	MEDICAL CE	2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	OR PART 2)
os the but th and M orked or	MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N	COUNTY STATE
CTOR: A for use of Heol		22a. I certify that (I) (this hospital saw the deceased alive on above, (I) (see I did) (d.)	10/17	1979	nd that in (my) (auc) apinion (	deoth occurred on the do	te and hour or	, that (I) (ine) lost and from the couses stated
JERAL DIRECTOR State Dept ANT: If Item		22b. SIGNATURE ALOC	lucas	, 72	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗌	10/A/79
should be det with the State		R. I. HOCH	man, u	di	16 Murray	Ave An	newl	5 hed 21401
<u></u>	230 P	LIRIAL, CREMATION, REMOVAL SPECIFY)	10/23/79	336 NAME OF C	EMETERY OR CREMATORY	234 IOCATION CITY OR TOWN	ER CON	Ha STATE
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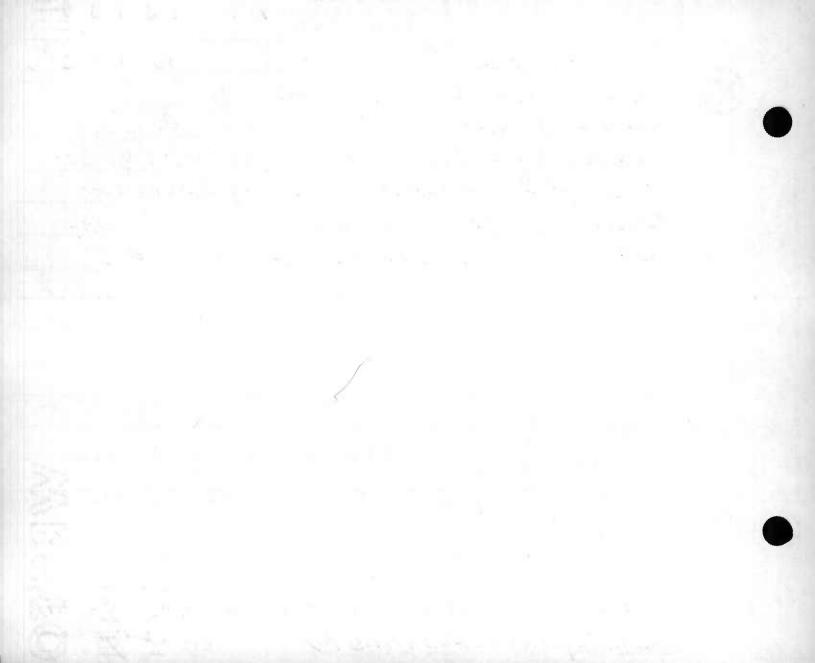


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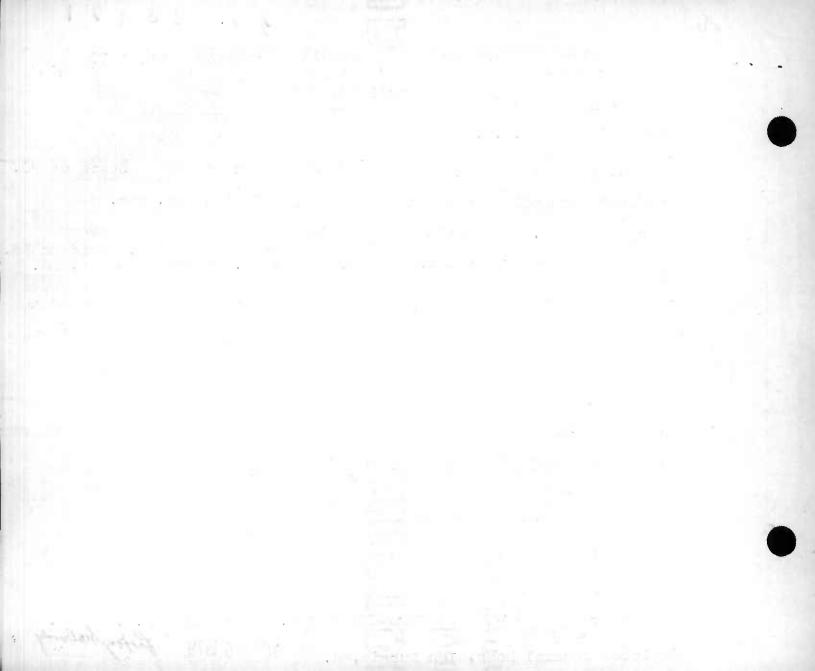


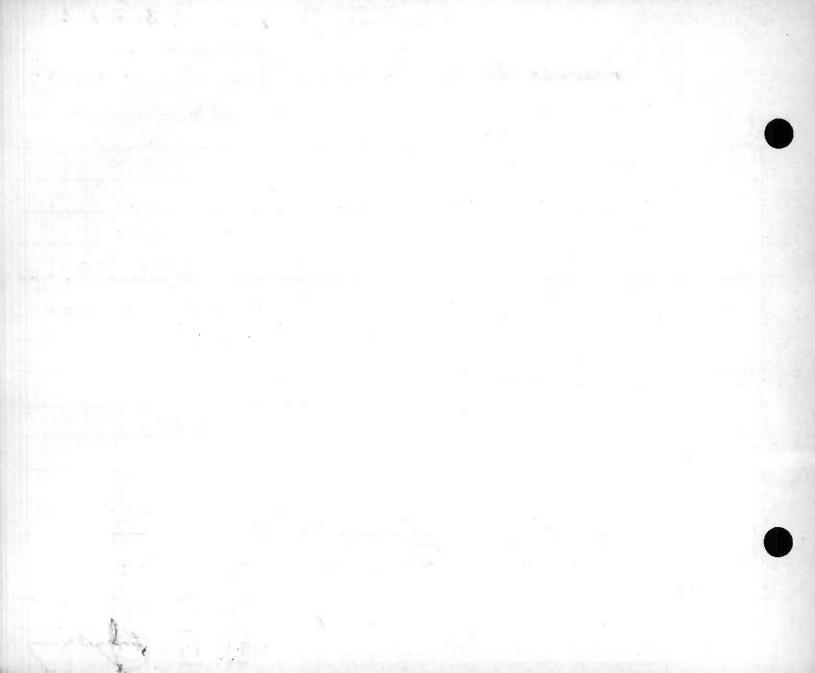


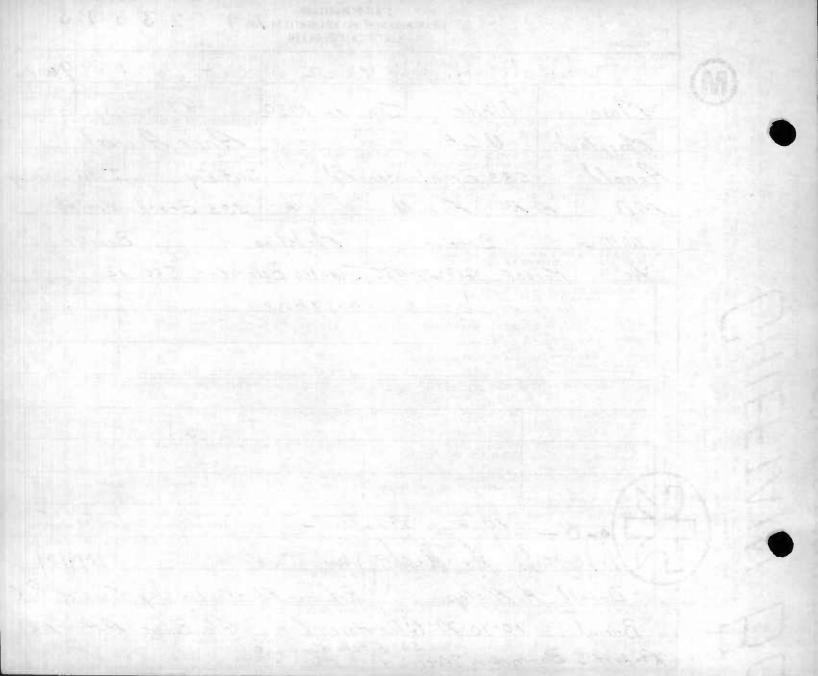
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y filled in should be er must be	M	aryland Aru	r other institution, give residence before NTY Anne 113c. city or town ndel Pasaden	a YES □ NO.	Light S	St. Ave.	
and 2 sh			E. Duvall	Alice		Lowery	
s. Poges 1	(	VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GN NO N	RMED FORCES? VE WAR OR DATES)  21 9-01-		(son) ADDRE arles W. Bento	on Pasadena, Md	
is signed by the attendin Then please remove carb to burial, cremation, ar- njury, or ather traumatic	NO.	NO	Conditions, if ony, which gove rise to immediate couse io1, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUED  (c)  CONDITIONS CONTRIBUTING TO D		HE TERMINAL DISEASE OR COND	OITION GIVEN IN PART T(o)
rgiene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH		YES NO	20h. IF YES, WERE FINDINGS USED IN CERTIFY ING CAUSES OF DEATH?  YES \( \text{NO} \)	
buriol-tronsit Mental Hygie or Item 18 sha	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED	HOUR A.M. MONTH DA	Y YEAR  19  211. HOW INJURY  211. LOCATION	OCCURRED (ENTER NATURE OF INJUR	y IN ITEM 18, PART 1 OR PART 2)	
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of DIRECTOR:		sow the deceased alive or			opinion death accurred on the do	te and hour and from the couses stated  22c. DATE SIGNED  F	
Should be detor with the State D IMPORTANT: #		220 PHYSICIANS NAME (TYPE of Tamey	W R059	200 R	idgely Ave	, Ann. Md, 21	
- 4 / 3		Burial, CREMATION, REMOVAL	Dot 15	AME OF CEMETERY OR CREM.	em. Annapoli		
		JNERAL DIRECTOR OF				Sh. REGISTA R'S SIGN ALBE	



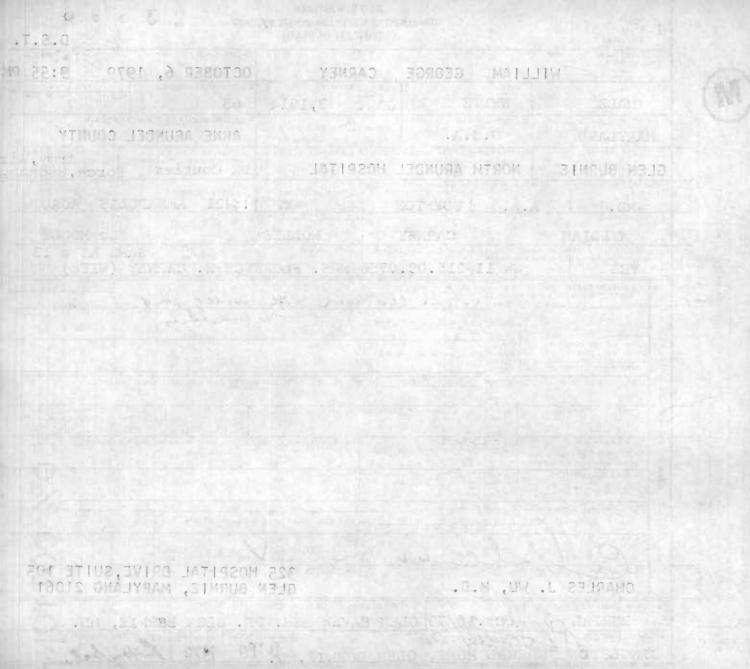




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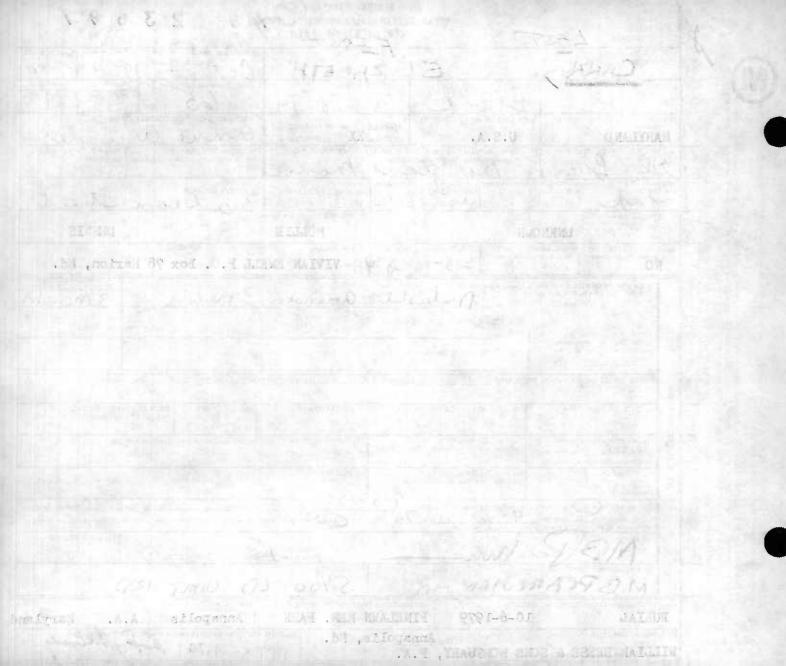


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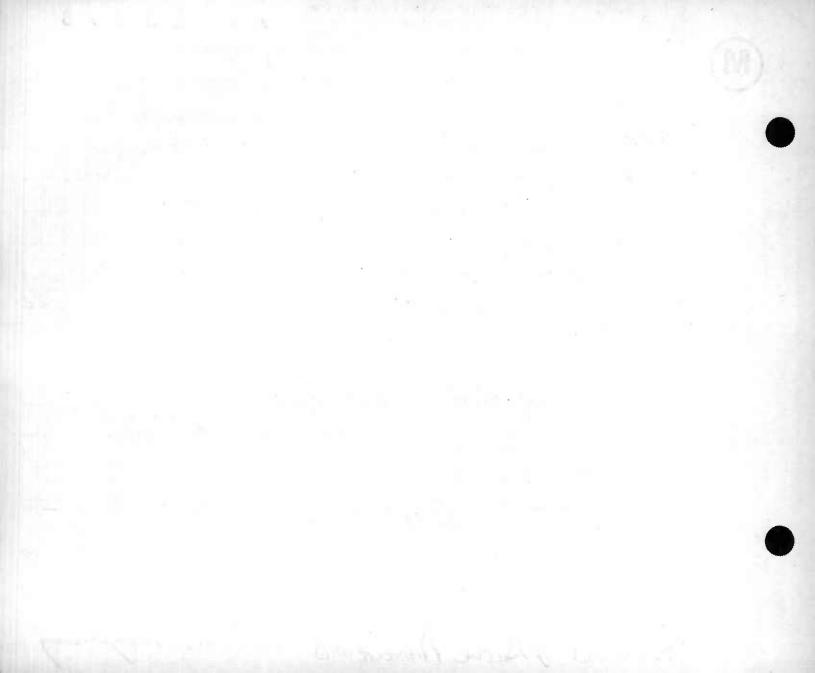


WILLIAM REESE & SONS MORTUARY, P.A.

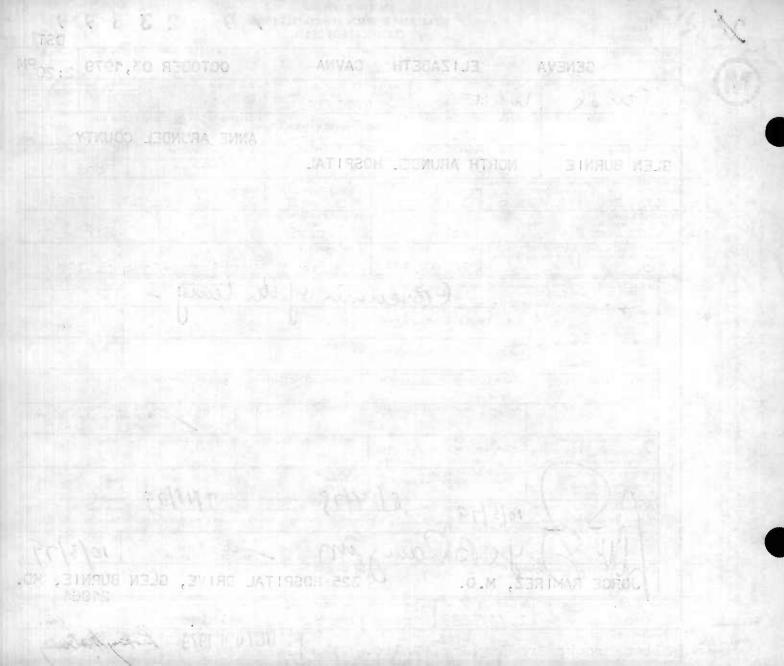
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FOR



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		I DEC	CEASED NAME FIRST GENEVA	A ELIZABE	ETH CAVNA		DAY YEAR 25. HOUR			
W	once.	3 SE)	Temal	While	5 DATE OF BIRTH  MONTH  10/21/1909	69 yrs.	FUNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN			
funeral di	Ted at	N	RTHPLACE (STATE OR FOREIGN DUNTRY) Maryland	U.S.A.	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	ANNE ARUNDEL COUNTY M				
in by the	954	Gl	EN BURNIE	"NORTH" ARUN	NG HOME OR OTHER INSTITUTION DEPESS! HOSPITAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Waitress	king life) 126. KIND OF BUSINESS OF INDUSTRY FOOD			
tely filled in	and Service	Ma	TATE TISE COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM  13c. CITY OR TOV  A. CO. Glen Bi	VN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 614 Oakwood F	Rd. 21061			
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n. ate has bee t permit. T giene prior	8 shows a	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YE	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO			
tal or attending physician. CTOR: After this certifical or use as the burial-transity of Health and Mental Hygi	n 21 is marked or Item 1	MEDICAL CE	law the decepted alive on	HOUR A.M. MONTH D.P.M.  210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PAY YEAR  19  23) LOCATION STREET	CITY OR TOWN	COUNTY STATE			
retained by the hosping TO FUNERAL DIRE should be detached from with the State Dept.	MPORIANI: IT IGE		JORGE RAMI	REŽ, M.D.	325 HOSPI	MEDICAL STAFF DIRECTOR PHYSICIAN	10/3/79 N BURNIE, MD			
BP		Ci	URIAL, CREMATION, REMOVAL PECETY) Cemation		Name of cemetery or crematory  Green Mount	Paltimore	county state Md.			
DHMH-16 2 (VRA 15, 4)	25M 1/79		NAME Lter Brooks I	Bradley Inc. I	Balto., Md.	FCF 0 8 GE 9 9 7 9 1256 RE	Fry Maluste,			



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within 24 hours after

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

attending physician.

## STATE OF MARYLAND

STRAR 256 REGISTRAR'S SIGNATURE"

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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20a AUTOPSY?  20b. IF YES, WERE FINDINGS USED										
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TER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)									
CITY OR TOWN	COUNTY	STATE								
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231. NAME OF CEMETERY OR CREMATORY

23b. DATE

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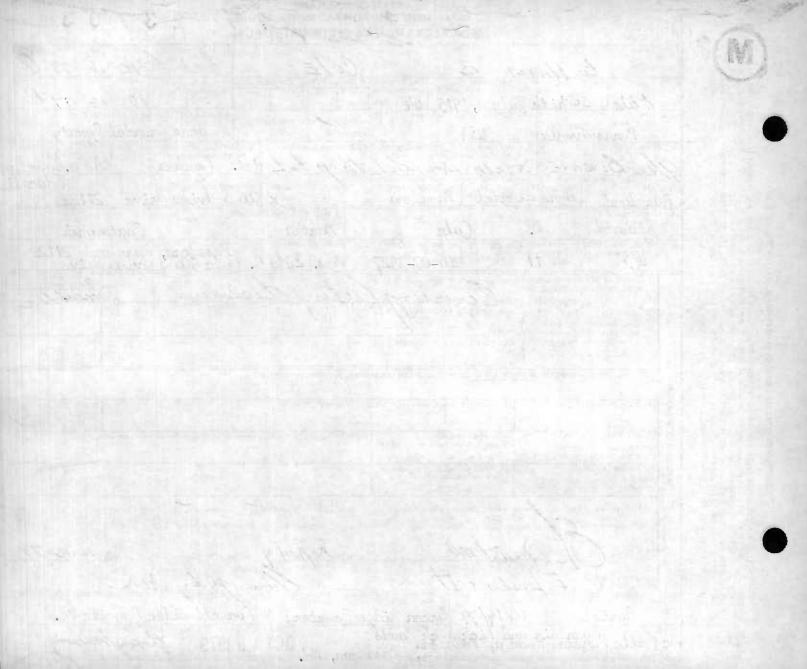
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CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR TYPE OF PRINT 15 HRISTINA 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5. DATE OF BIRTH IF UNDER 24 HRS VEAR DAYS HOURS FEM ALE NEGRO 7g. BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF BEATH 120 USUAL OCCUPATION (TIPE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OR OT IN SUCH ACILITY, GIVE STREET ADDRESS) INDUSTRY BALTIMORE, MARYLAND 21201 WNADOL US TALKE DENCE (IF HURSING HOME OR OTHER INSTITUTION, GIVE, PESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OF UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c'.) PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (0) DUE TO, ORAS A CONSEQUENCE OF omava Rant Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 prid CERTIFICATI 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? bei er this certificate he s the buriol-transit p i and Mental Hygien NOF YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED TIE PLACE OF INJURY edor AT HOME STREET PACTORS OFFICE FARM, ESC 1 CITY OR TOWN COUNTY STATE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated Jo. obove, (I) (we) (and ) and sum were the pady after death I be detain. 226. SIGNATURE DEGREE 27c DATE SIGNED ATTENDING MEDICAL STAFF 22d PHYSICIAN'S NAME ITYPE OF PRINT 22e. ADDRESS ould be MPORT 230 BURIAL, CREMATION, BEMOVAL 23d. LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BP. 24 FUNERALDIRECTOR 250. DATE REC'D. BY REGISTRATION PM DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

To be please

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		1		CEASED NAME	FIRST	,	MIDDLE	ı	AST		MONTH DAY	YEAR	26. HOUR
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nurs after	ust be no	54	9	ty or town of DEAT Len Burnie		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  JE NOT IN SUCH FACHITY, GIVE STREET ADDRESS)  NORTH ARUNDEL HOSPITAL		120. USUAL OCCUPATION 1779E OF WORK FOR MOST OF WORKING LIFE INDUSTRY FOREMAN 120. KIND OF BUSINESS OF WORKING LIFE INDUSTRY remical (0.					
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requires that the death cer signed by the attending o	n please remove carbon problems, cremation, or reriginary, or other traumation.			Conditions, if ony, gove rise to immicouse to!, storing underlying couse	ediote the lost.	DUE TO, OI  (b)  DUE TO, OI  (c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM		elun DITION GIVEN	IN PART 110	3
V: The law ru	permit. Then ene prior to shows any i	2	CERTIFICATION	190 DATE OF OPERATI	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	G CAUSES	GS USED OF DEATH?
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ro HosP	should be deta with the State IMPORTANT	1		Jorge B.	Ramiı	rez, M.		0	325 Hospital		en Burn	ie, Mo	1. 21061
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO YEAR IF UNDER I YEAR DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 120 USUAL OCCUPATION

TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR 126. KIND OF BUSINESS OR Home 7 LAST APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

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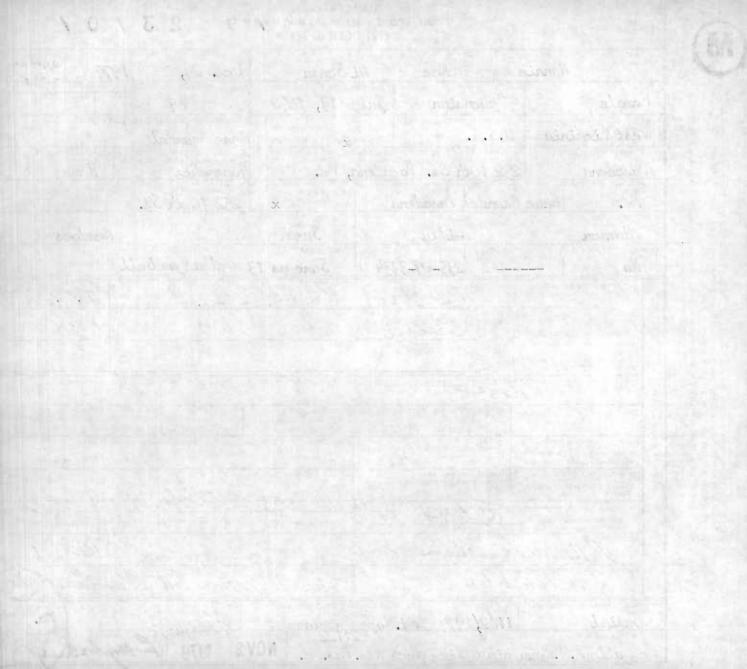
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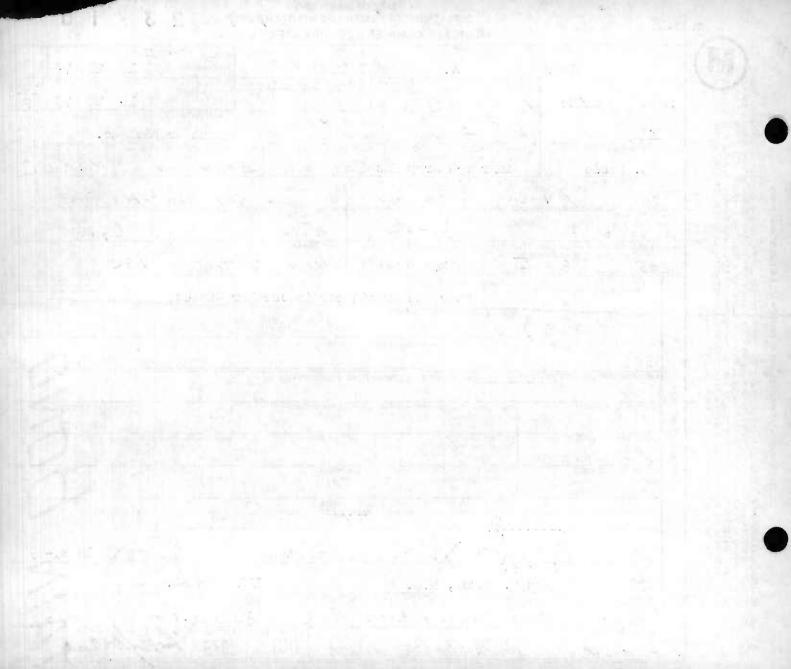
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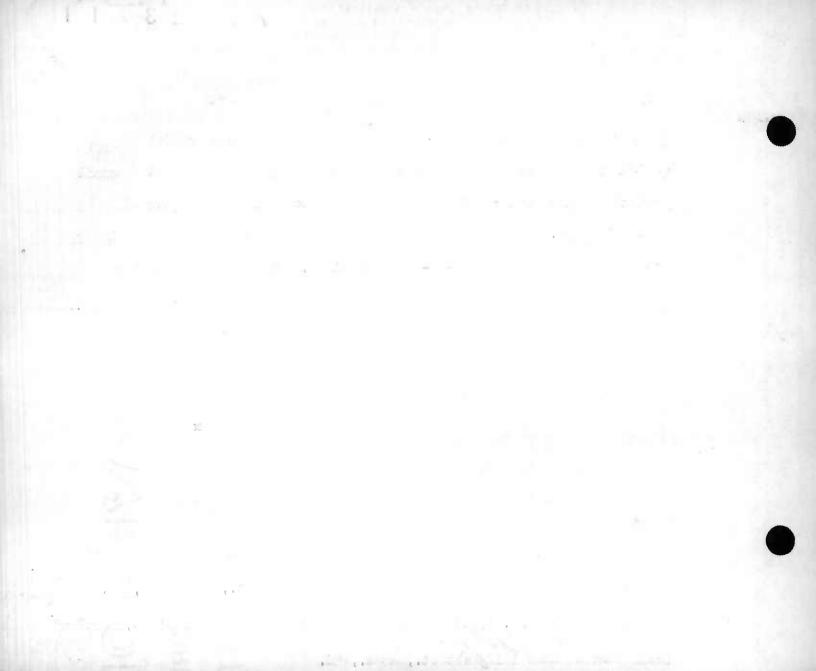
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MONTH TYPE OR PRINTS APPROX Nannie Mae 3. SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR t emale DAYS HOURS 13. 1890 89 aucasian BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia Anne Arundel WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR CLYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Pasadena Home Homemaker ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Anne Arundes 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. 252 10 th. Pasadena 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIODLE MIDDLE Meadows Sarah Harman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Delma Campbell 18 CAUSE OF DEATH (Enter only one couse per line, for (o), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if any, which gove rise to immediate cause to), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART 1 OR PART 2) Mentol Hy 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 10 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter deoth 22b. SIGNAT 22c DATE SIGN -ATTENDING MEDICAL be deta e State ( PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. FUNERA old be de 22e. ADDRESS ŧ 230. BURIAL CREMATION REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Pastate COUNTY 25a DATE REC'D. DHMH - 16 60M 1/75 ully F.H. Mountain & Tick Neck Rds. Pas. Md (VRA 15 (4))



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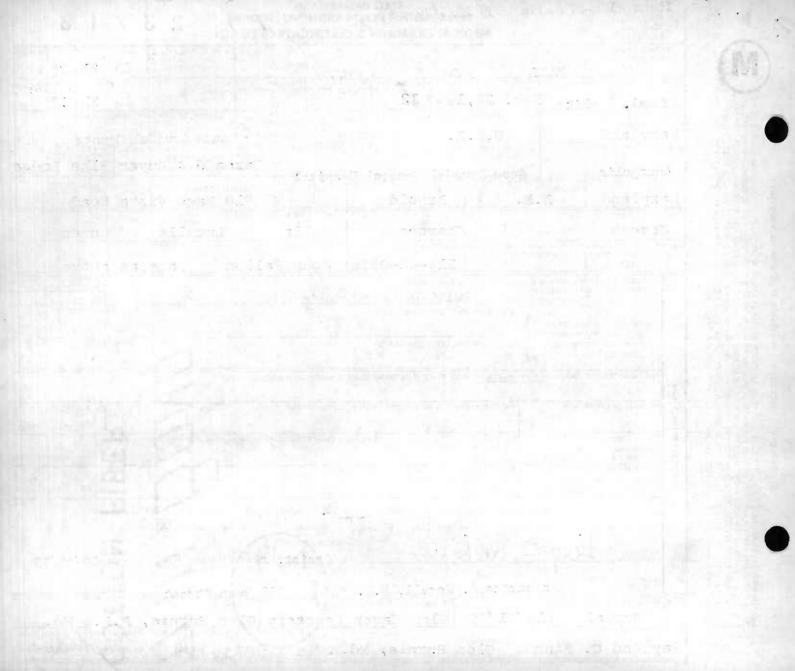


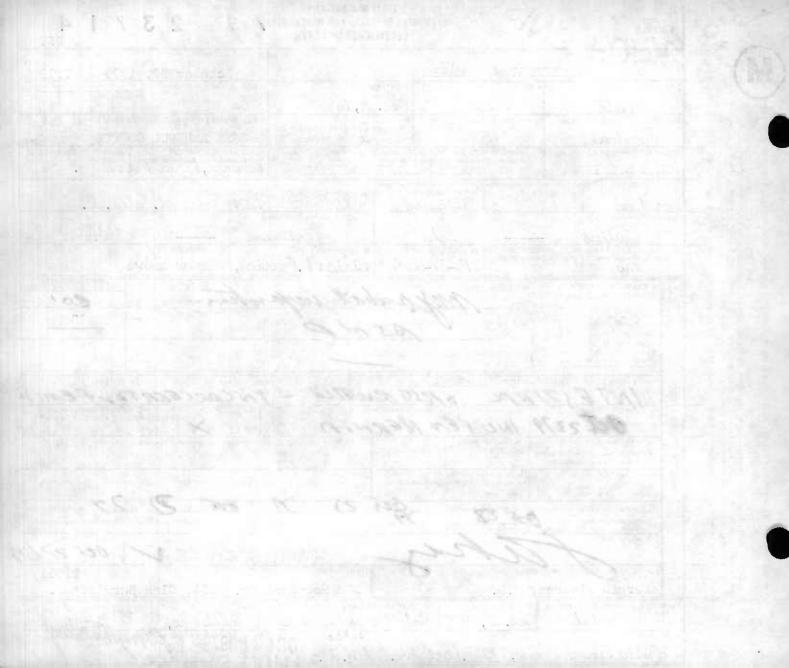


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TAL OR the hosp	etached ate Dept. VT: If Ite		22b. SIGNATURE)	us Phi	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED
ained by	hould be d	1	PAUL S.	TYPE OR PRINT) RHODES, M. D.	27. ADDRESS 1667 CROF	CROFTON CENTE	R 21114
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DHMH-16 25M (VRA 15, 4) 1/79

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DHMH-16 25M

(VRA 15, 4) 1/79

REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel County, 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Construction Carpenter 244 Glen Road Elizabeth Wholev 2924 Clara Foreacre (same as 13e APPROXIMATE INTERVAL DAYS DAYS -PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) STATE COUNT and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED 11/1/79 PHYSICIAN A DIRECTOR PHYSICIAN 445-A, FURNACE BR. ROAD BYRNIE, mD., 21061. Burial Loudon Park Cem. Baltimore, Maryland 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25h. RE eorge J. Gonce, 4001 Ritchie Hg., BaltimorkOV

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGISAE CERTIFICATE OF DEATH REG. NO

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IF UNDER 24 HRS

26 HOUR

HOURS

IF UNDER 1 YEAR

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MARYLAND red within 24	ompletely ond 2 sh	4	THER'S NAME, TAG	OOB FUHRI	YAW EDWA	K MIDDLE	FISHE	ist R
IIMORE,	s. Poges		(AS DECEASED EVER IN U.S. ARM ES, NOOR UNKNOWN) (IF YES, GIVE V		5853 PAULINE	D. FUHE	MAW #	13
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OF VITAL  OF VITAL	certificate priol-transit ental Hygi Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
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THENDIN OF	CTOR: Al		220.1 certify that (I) (this hospital saw the deceased alive an above. If two I did I did not	10/05/29 10	, and that in (my) (our) opinion	, to death accurred on the do		, that (I) (we) last e causes stated
A 90 4	AL DIRE denoched ote Dept IT. II hem		174 SIGNATURE	Homes de -	DEGREE ATTENDING PHYSICIAN (	MEDICAL STAF		29/25
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DHMH - 16 50M 7/77 (VR A 15 (4))

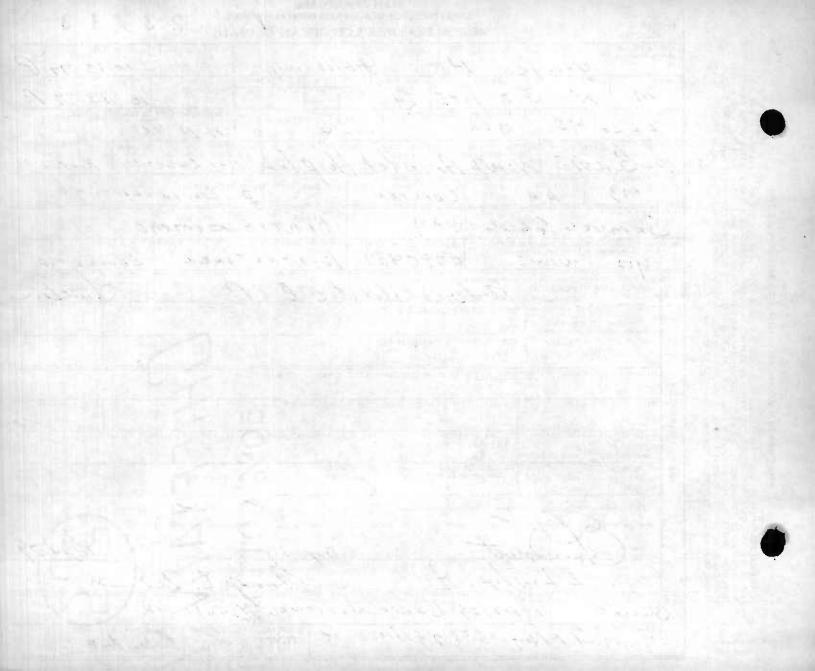
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					STATE OF MAKTLAND		
		١,	FOR	DEPARTME	NT OF HEALTH AND MENTAL HYG	VIENE 9 2 3	7 7
		1	STATE		CERTIFICATE OF DEATH		
			REGISTRAR			REG. NO.	
-	8	I. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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THE REAL PROPERTY.	9	3. SE.	/	RACE	S. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1			MALE	CMICARIANI	3 25 12	6t YRS	The second secon
8 11		70 B	RTHPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT COUNTRY?	2 03 10	9 BALTIMORE CITY OR COUN	
4 50	52/		DUNTRY)	CHIZEN OF WHAT COOKING	MARRIED NEVER MARRIED	1 DE COURT	
1 12	20		MD.	USH	WIDOWED DIVORCED	HADE HEU	notel MD.
4 75	P In	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12 USUALOCCUPATION	176. KIND OF BUSINESS OR
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ote Sic Spe vol	<del>=</del> ,		18 CAUSE OF DEATH (Enter on		(1) /	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy mov	event,	/	PART I. DEATH WAS CAUSE	CAUSE (o)	(V. 1): Cere	Drovas cular	- 3 months
ng ho	_		1121-	CAUSE (U)	0-	aid. L	
T 000	Traumatic		736	DUE TO, OR AS A CONSEQUEN	CE OF PTC	count	
the deat the atter remave emotion,	5		Conditions, if ony, which	(b)			
			gove rise to immediate couse (a), stating the				
t year	other		underlying couse lost	DUE TO, OR AS A CONSEQUEN	CEOF		
tho d b	0			(c)			
ires the	, >		PART 2. OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
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		CERTIFICATION	A TATE OF OPERATION	196. CONDITION FOR WHICH C	DEDATION WAS DEDECOMED	200. AUTOPSY? 206. IF	YES, WERE FINDINGS USED
	No 1	0	190 DATE OF OPERATION	198. CONDITION FOR WHICH C	PERATION WAS PERFORMED		RTIFYING CAUSES OF DEATH?
he le on. hos	Show T	=	the state of the s	The state of the s		YES NO X	YES NO
- 10 e is	5	1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
AN fice	0 4		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY			
SICIAN: ng physicertifico	le /	N. N.	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
≥ 0 0 0 ≥	5	MEDICAL	21d. INJURY OCCURRED	216. PLACE OF INJURY	21f. LOCATION		
ond	Ď.	X	WHILE IT NOT WHILE IT	(AT HOME, STREET, FACTORY, OFFICE, FAR	M, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	Horked	-	AT WORK				
			220.1 certify that (I) (this hospi	ol) ottended the deceased from	19 7	4 , to 10	19 7, that (1) (we) lost
THE OF THE	5		sow the deceased alive on	10/3 19 7	2, and that in (my) (our) opinion	deoth occurred on the dote and	hour and from the couses stated
R ATTEI haspito RECTO ned for apt. of h	E		obove, (I) (we) (aid) (did no	) view the body ofter death.	7		ACT OF PATERICATED
OR he ho DIRE ochec	±e		226. SIGNATURE	1 1 0 -	DEGREE FOR L	DIC HEAVIE SH	A DATE SIGNED
	*		MNO	1111 Melly	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	10-19-79
- 9 111 01 (0	Z	1	224. PHYSICIAN'S NAME (TYPE O	(BDINIT)	22e. ADDRESS	3 SALZERON B. MARIEN B.	1,000
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of o	≦	230	BURIAL, CREMATION, REMOVAL	236, DA/TE / 234, NA	ME OF CEMETERY OR CREMATORY	125% LOCATION	11
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DHMH - 16 50M 7/7	,	24 F	UNERAL DIRECTOR/	0 1 1/0	25a. RAJ	E REGID ANY REGISTRANT Sh REG	is grange, some indicates and
(VR A 15 (4))	1		MAMENT I	( JANONESS	May U	3 40 1010	/ 1/
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S S / 1 / 2 S / 1 / 1 PLOSED PET PET TO A DAME A DAME TO THE COURT MADE MALE CAUCASION 3 35 12 (OF Flores De La Company Dane LA concless Annagolis - 1055 Louina Drive Ode Storie 1 East med the American possible and the THE STATE OF THE S Elot Parter parter per l'Electric de l'Année Kanada - Adamenta and A. C. A. D. C. A. VISUAL SUNCE AND DOST ENSIZE (1) COLE IN 121 GIROS (1) THE 

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST KNOWN MONTH O. DATE 2b. HOUR (TYPE OR PRINT) OF ESTI-AGE (IN YEAR 3. SEX DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE SE YRS PRONOUNCED 20 DEAD 19 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED A DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Ket Lagover 13b. COUNTY 13a. STATE 13e STREET ADDRESS 401 WAUGH NO [ 14. FATHER'S NAME 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO ADDRESS SOUGNO MD WIW Z EAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which AND MENTAL gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL E 3 SHOULD BE LE DEPARTMENT O PRIOR TO BURIAL YES NO. 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. II. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held on Autopsy Inquiry + and in my opinion DIRECTOR: death resulted from Suicide Homicide Undetermined manner TITLE (SPECIFY ACTUAL PAGE 4 SHOU TO FUNERAL DAFTER DEATH. 10.14. IMORE EXAMINER'S NAME TYPE OR PRINT 231. NAME OF CEMETERY OR CREMATORY COUNTY STATE BALTO NATIONAL BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** 14 ms feel 1 / Jangs AD 33 (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND



	FOR STATE REGISTRAR	DEF	STATE OF MARYLA PARTMENT OF HEALTH AND A CERTIFICATE OF D	MENTAL HYGJENE 9	2 3 REG. NO.	7 1 9
(M)	DECEASED NAME TYPE OR PRINT)	nna E.	Gason	ner 22. DATE C	10 2	579 1015 F
o so o	Femal	2e White	5. DATE OF BIRTH MONTH DAY	43	86 YRS	FUNDER 1 YEAR FUNDER 24 HRS
72 42	BIRTHPLACE (STATE OR FORE	USA	MARRIED LI NEVERA	VORCED   Ana	L Arunde	l Conditym
by the filed wi	Annapo	Les Anne are	endo Gla. F		OCCUPATION REFORMOST OF WORKING UP)	12b. KIND OF DUSINGS OF INDUSTRY
hould b	30 STATE D	G HOME OR OTHER INSTITUTION, GIVE RESIDENCE  BLOCK COUNTY  ALCITY OF  DOCE	WATER 131. INSIDE C	NO 0 99	DUVAL	LANE
omplete ond 2	TAMES TAMES	Bhue FOR	2) Is Mother's	TARY	WIDDLE	ORRIS
Poges I	(YES, NO OR UNKNOWN)	HYES, GIVE WAR OR DATES)	12 1800 JAMES	h. PHIODS	#13	9-
ned by the ottending physici pleose remove corbon poper urial, cremotian, or removal, r, or other troumotic event, th	Conditions, if ony, or gove rise to imme couse (a), stating underlying couse	DUE TO, OR AS A CON:    DUE TO, OR AS A CON:   DUE TO, OR AS A CON:   DUE TO, OR AS A CON:   CO   DUE TO, OR AS A CON:	SEQUENCE OF		~! 	APPROXIMATE NITERVAL BETWEEN ONSET AND DEATH  2 yer  5 yer
B C O C	PART 2 OTHER SIGNII  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDER	PICANT CONDITIONS CONTRIBUTION  196. CONDITION FOR W	G TO DEATH BUT NOT RELATED  WHICH OPERATION WAS PERFO		OPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
	OR CONTRIBUTION CAL	USE OF DEATH HOUR A.M. MONTH	H DAY YEAR	YES	YES ATURE OF INJURY IN ITEM 18, PAI	
After this ce e as the burn offh and Mer morked or It	(IF EITHER, NOTIFY MEDICAL  216, IN JURY OCCURRE  WHILE NOT WHILL AT WORK AT WORK	21 R. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	211 LOCATIO	N	CITY OR TOWN	COUNTY STATE
CTOR. All for use of Health	sow the deceased	his hospital) attended the deceased of alive an	7. 1	, 19, to (aux) opinion death occurr	ed on the date and hour	9, that (1) (we) los and from the causes stated
A by the ho	226 SIGNATURE Gen	el blust			STAFF	10/26/74
FUNERAL PUNERAL PUNERA PUN	226. PHYSICIAN'S NAM	AE (TYPE OR PRINT)	22ª ADDRES	5 ZEVENBREE	N NOW	SOVERNA PARK

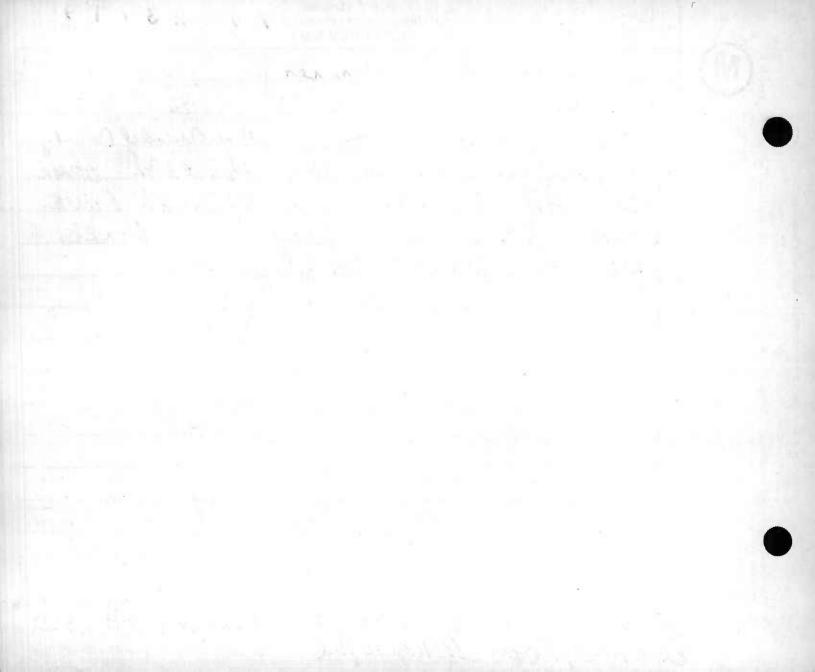
THE NAME OF SEMETERY OR CREMATORY

LOCATION CITY OR TOWN

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

DHMH-16 20M (VRA 15, 4) 7/78

URIAL, CREMATION, REMOVAL

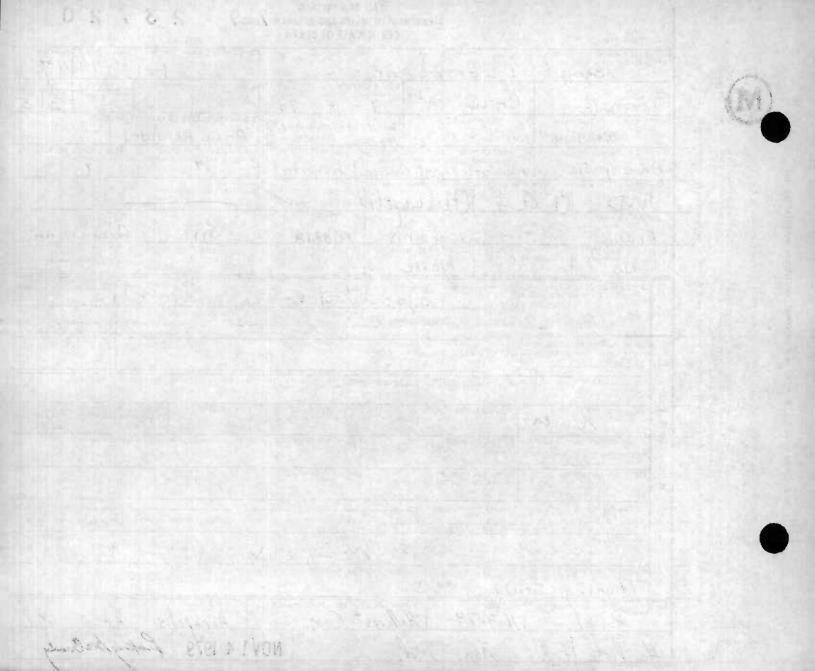


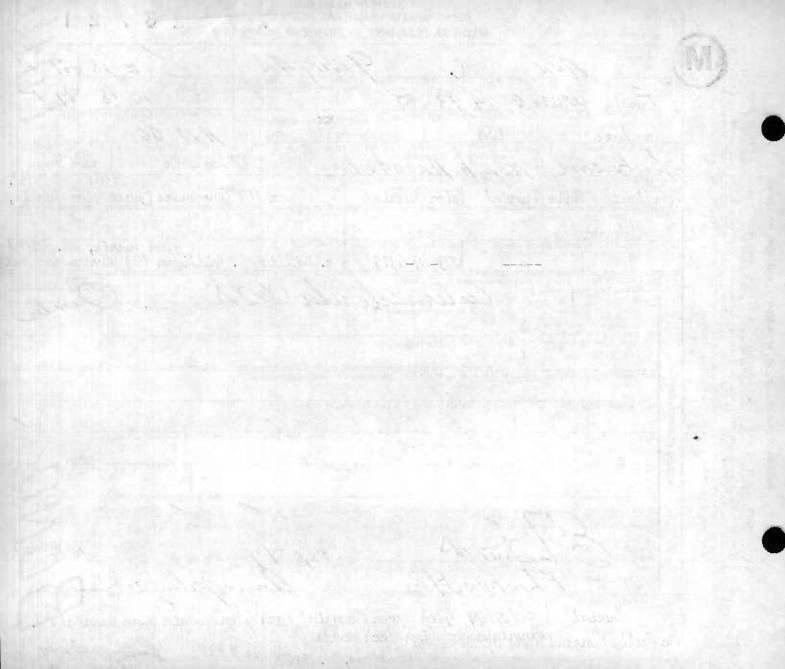
IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other traumatic event, the medical property

## STATE OF MARYLAND

2	1-	- STATE REGISTRAR		DEPARIM		CATE OF DEAT		REG. N	10.	1 6.	9	
	I DE	CEASED NAME FIRST BABY G		nodie n: ricsemo	inn.	ST	20	O. DATE OF DEATH	монтн 9 —	8 - 79	26 HOU	UR 4 O M
	3 SE	x Female	CAUC		5 DATE O	OAY Y	EAR 79	AGE (IN YEARS LAST BIR	THDAY) YRS.	MONTHS DAYS		MIN.
6	- Co	OUNTRY)  MARYLAND	U	S. A.	WIDOWE		ED 🗍	ANNE AL	unde	e/		MD.
33	A	INNAPOLIS	ANNEF	rundel G	Jeness)	el Hospit	, 0	Re. USUAL OCCUPAT			OF BUSIN	ESS OR
3	13a S	WD GO	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE		YES NO		e. STREET ADDRESS				
20	1	Frank 7		eiser(an		15. MOTHER'S MAI	DEN NAME	MIDDLE .	Ecc	Giese	man	<u>n.                                    </u>
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	NO Ne		17 INFORMANT		ADDR	£22			
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA) Conditions, if any, which gove rise to immediate cause (o), stoling the	D BY: E CAUSE (a)  DUE TO, OF	R AS A CONSEQUE	D-C/L	tome	ou	n al	or	APPRO APPRO	XIMATE INTE	RVAL D DEATH
9	CERTIFICATION	PART 2 OTHER SIGNIFICANT (	19b. CONDI			NOT RELATED TO THE		AL DISEASE OR CON  200 AUTOPSY?  YES \( \text{NO} \)	20b. IF Y	ES, WERE FIND	INGS USE	TH?
9	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHY MEDICAL EXAMINER) 210. INJURY OCCURRED	P.A.	M. MONTH DA M.	19	216. HOW INJURY 216. LOCATION STREET	OCCURRED	CITY OR TO		. PART 1 OR PART 2)	5	STATE
		WHILE AT WORK								our and from th	, that (I) (e causes st	toted
1		THOMAS S	tubbs	, M.D.		22e ADDRESS						
		BURIAL CREMATION REMOVAL	11-9-	79 H.	ILLES	Cem.	ATORY 250. DATE R	23d. LOCATION CITY OF TOWN  ANAPA  EC'D BY REGISTRAS	lic DEATH	COUNTY A A CO	THE	1dl
	4	UNERAL DIRECTOR TILL	An	n. Md	?		NOV	1 4 1979	Pin	try sice	heady	,

BP. DHMH - 16 50M 7/77 (VR A 15 (4))





FOR - STATE

(VRA 15, 4) 7/78

CERTIFICATE OF DEATH REGISTRAR REG. NO. MONTH OAY 2h. HOUR 4:50P.M. IF UNDER I YEAR IF UNDER 24 HRS HOUR5 BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel County 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Home Maker 13. STREET ADDRESS 8469 Meadow Lane Fergussöh Same Address APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO  $\square$ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) COUNTY STATE (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 900 Caton Ave, Balto, Md 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REDISTRAR'S SIGNATURE Gonce 4001 DHMH-16 20M 1979

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9

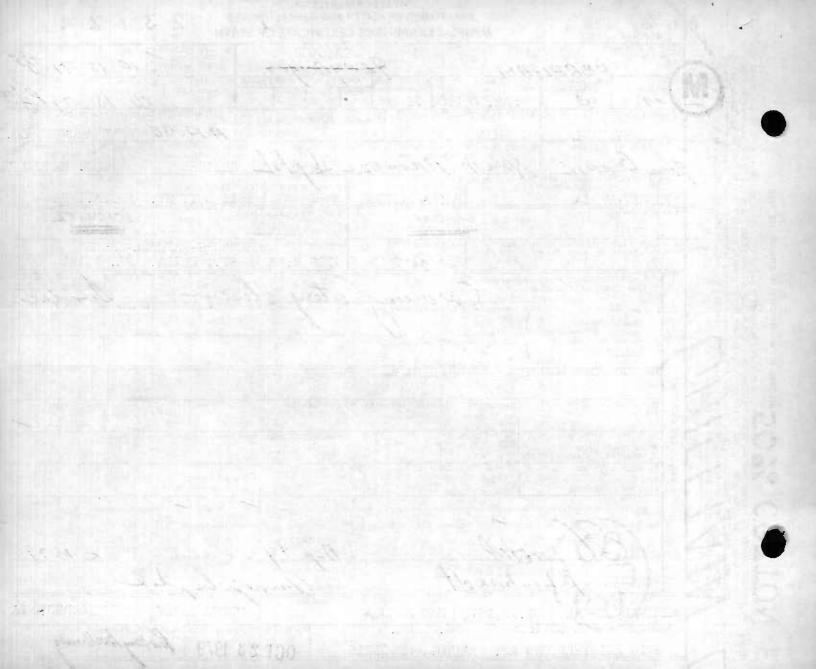
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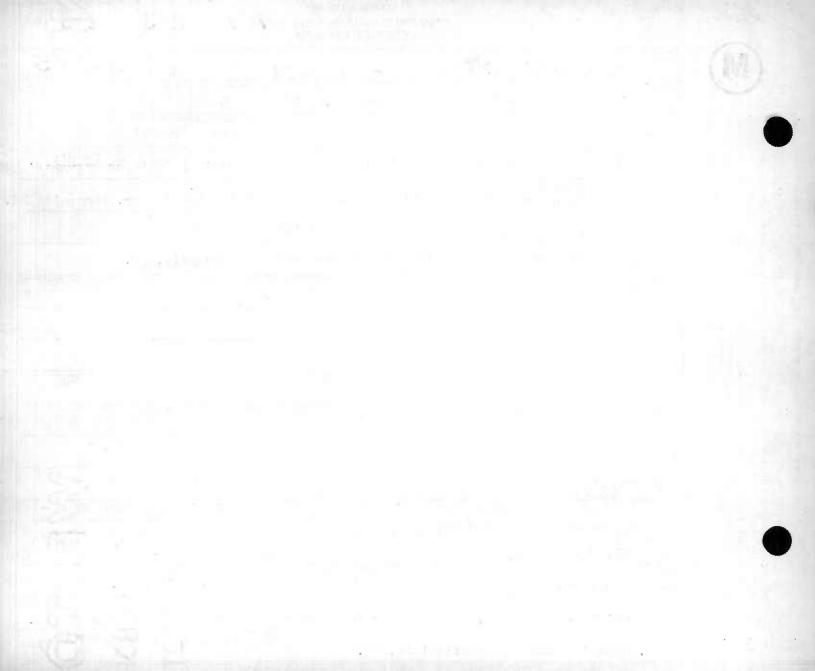
	1-	FOR STATE		DEPARTMENT OF	HEALTH	AND MENTAL HYG	1 6	3 7	2 3
	I. DE	REGISTRAR CEASED NAME FIRST PE OR PRINT)		MIDDLE	C A	CERTIFICATE OF L	20. DATE KNOW	1.	DAY YEAR 26. HOUR
PLEASE ECTOR, FILES. HOURS STREET,	3. SE	LAURE X 1. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHE	ARS IF UN	NDER 1 YR. IF UNDER 24 H	DEATH MATE	ED   10	26 1979 A M
S NECESSARY PLEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET.	7o. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	Aug. 9	1907 7	RS.	IED NEVER MARRIED	DEAD 9. BALTIMORE (	ITY OR COUNT	TY OF DEATH
S NEC	10 C	Kansas	U.S.	SPITAL NURSING HOM		VED DIVORCED	USUAL OCCUPATIO	N (TYPE OF WORK	MD.
DELAY IS NE 1 TO THE FU N PAGE 1 PELED, V	()	AL RESIDENCE (IF IN NURSING HOME O	(IF NOT IN SUCHE	ACILITY, GIVESTREET ADDRESSI	2/3	ksp.toL	Custodia:	n	Chunch
EATH. IF ANY DELA ES 1, 2, AND 3 TO PM 3. RETAIN P. IND 2 SHOULD BE VITAL RECORDS.	13a M	aryland A.	A.	Pasadena Pasadena	l l	YES NO X	200 E.C	hestnu	t Street
RE, MD. 2 S DEATH. I GES 1, 2, RM PM 3. AND 2 S OCKITAL		ewis And	lrew	Glentzer		15. MOTHER'S MAIDEN N	May May		Barick
BALTIMORE, URS AFTER DE B. GIVE PAGEE WITH FORM PAGES 1 AN DIVISION OF	160.	WAS DECEASED EVER IN U.S. ARA (ES, NO. OR UNKNOWN) (IF YES, GIVE Ves	MED FORCES? WAR OR DATES) 7=2	16b. SOCIAL SECURIO 510-05-7		Minnie Va		DRESS	as above
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU RITHING THE WORD "PENDING" IN PENCIL IN TEA. IB RDED TO THE CHIEF MEDICAL EXAMINER ALONG F. 3 SHOULD BE USED AS A BURIALTEN SIT PERMIT F. DEPARTMENT OF HEALTH AND MENTAL HYGIENE, IF PRIOR TO BURIAL, CREMATION, OR REMOVAL.	7	Canditians("if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .  PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	R AS A CONSEQUENCE		E OR CONDITION GIVEN IN PART 1	<b>a</b> i.		
ITAL RECORDS, 36 SHOULD BE EXECU RRD "PENDING" IN CHIEF MEDICAL IS CHEED AS A BUR OF HEALTH AND IAL, CREMATION, CA	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPE	RATION W	AS PERFORMED?	A S		20. AUTOPSY?
CERTIFICATE SHG TINGS THE WORD DED TO THE CH DEP AS ANOUND BE U DEPARMENT OF PRIOR TO BURIAL,	CAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME O HOUR A.A	M. MONTH DAY YEA	21c. HG	OW INJURY OCCURRED (E	NTER NATURE OF INJURY IN	ITEM 18 PART T OR PA	YES NO
NA AT AT AT	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION	CITY OR TOWN	COL	UNTY STATE
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213		ACTUAL SIGNATUTE	e af the remains de al auses ,		Autap vicideM	, Hamicide . U	Inquiry ,	and in my ap  DATE SIGNE	D. 16.79
TO MEI EXECUT PAGE 4 TO FUN AFTER I	23a. E	EXAMINER'S NAME (TYPE OR PRINT)  URIAL, CREMATION, REMOVAL 2 SPECIEV)		23c. NAME OF CE	METERY O	ADDRESS 22	ALLICATION	COUR	NTY SHATE
BP	24. F	Burial UNERAL DIRECTOR	10/29/79	Glen Ha	ven	Cemetery 250 DATE REG	FIEN Bur	nie, A	A. Md.
(VR A15 ME (5)) 15M 7/77	F	aymond C. Fir	nk G.	len Burnie	e, Mo	a. OCT2	9 19/9	7	1

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(district) 88 30		1111		
damada drosgado 12	1000	Distribution 1	4.5.5	Business .
Principal				
e bits ex mass	restriction	ASST-70-046	7	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN ABRAHAM GRABOYES (THRE OF PRINT) ESTI- -DEATH MATED . DATE OF BIRTH 6. AGE (IN TELL F UNDER 24 HRS 2d. HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED MAR.30,1904 DEAD 75 E BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEAT MARRIED XXNEVER MARRIED FOREIGN COUNTRY! (ANNE ARUNDEL CQ.) WIDOWED DIVORCED PENNSYLVANIA 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY RETIRED BUS. EXECUTIVE HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS PENNSYLVAN I PHILADELPHIA NO [ 1511 LOTT ST. PHILA., PA 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GRABOXES HOROWATZ MIDDLE MIDDLE FIRST GRAYBOYES LANCE TO THE N **JOSEPH** RACHAEL 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ROSENBERG-RAPHAEL-SACKS (IF YES, GIVE WAR OR DATES) 63-28-4115 4720 N.BROAD ST., PHILA., PA. 19141 18. CAUSE OF DEATH (Enter anly ane couse per line (as.(a), (b), and (c). POKIMATE PITERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE A Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? P YES | 3 SHOULD BE DEPARTMENT C NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 0 MEDICAL P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK DIRECTOR:
WITH THE 22a. I certify that I taak charge af the remains described above, held an Autopsy Inspection death resulted for Accident Hamicide Undetermined manner ACTUAL PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALTIMORE, MA DATE SIGNED 6.18.79 MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT 23a.BURIAL, CREMATION, REMOVAL 23b. DATE LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTPENNSYLVANIA UPPER DARBY REMOVAL/BURIAL OCT.19,1979 HAR JEHUDA BP. 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 256. REDISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 6010 REISTERSTOWN RD. BALTO., MD 21215 15M 7/77

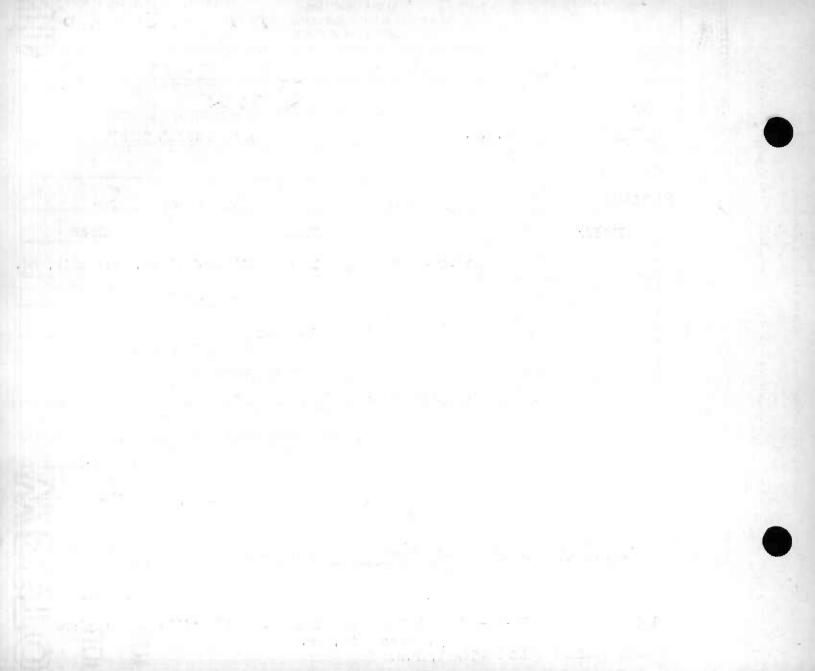




STATE OF MARYLAND

FOR

DIVISION OF VITAL RECORDS,



Funeral Home, Glen Burnie, Md.

(VRA 15(4))

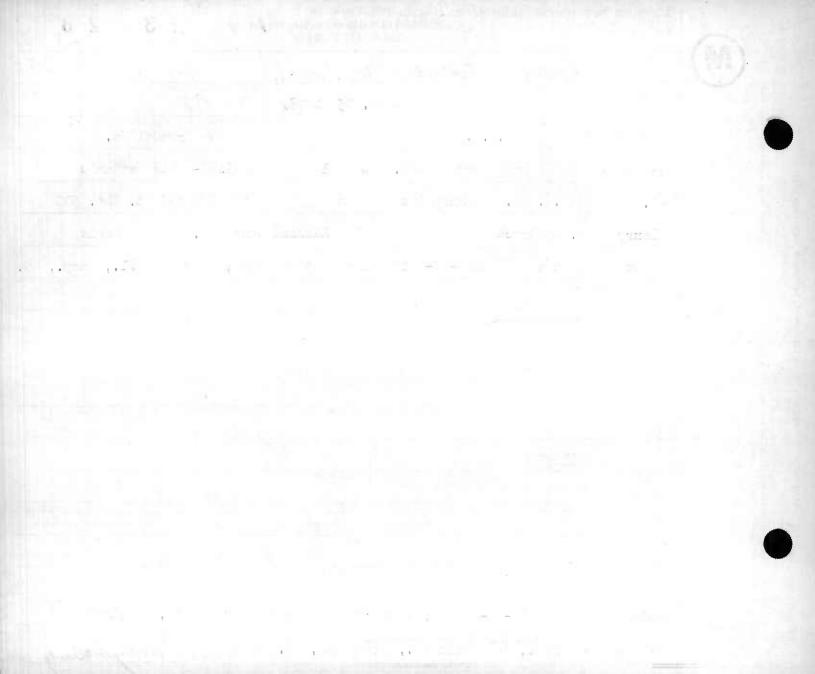
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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGUNE

Item #6 per phone call w/Fun. Home STATE OF MARYLAND



	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYPENE 9 2 3	7 2 9
(M)	1. DEC (TYPE 3. SE)	EASED NAME FIRST PRINTIPLE PRINTIPLE	TON A RACE	LAST  HANN IFOR  S. DATE OF BIRTH  MONTH  OAY  YEAR	20. DATE OF DEATH MONTH  10 - 15 - 1  6. AGE (IN YEARS (AST BIRTHDAY)	DAY YEAR 26. HOUR  FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
0 / 1	7a. BII	NALE RTHPLACE (STATE OR FOREIGN PUNTRY)	76 CITIZEN OF WHAT COUNTRY	May 27 1979X 191:	9 BALTIMORE CITY OR COUNT	
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signed by the offending pr the please remove carbonn to buriol, cremation, or renn njury, or other traumotic ever	NOI	Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE CONSEQ	JENCE OF	ERMINAL DISEASE OR CONDITION GIV	VEN IN PART 1(a)
Mental Hygiene prior or Item 18 shows ony in	CERTIFICATION	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \) PART 1 OR PART 2)
ked	MEDICAL	OR CONTRIBUTING CAUSE OF E (IF EITHER, NOT IF MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  27a L certify that (1) this has	ZAIII	19 21f LOCATION	city or town	county state
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Beall Funeral Home, 1212 West t., Annapolis, Md.

BP\_ DHMH - 16 50M 7/77 (VR A 15 (4))

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STREE	. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS) IF	UNDER 1 YR. IF UNDER	24 HRS. 2t. DATE	MONT		2d. HOUR
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28.	FOR	THPLACE (STATE OR EIGH COUNTRY)  W Jersey	76. CITIZEN OF WHA	A MA	RRIED X NEVER MARR	IED U	ORE CITY OR COL	INTY OF DEATH	
		YOR TOWN OF DEATH	U.S.	PITAL, NURSING HOME, OR C	THER INSTITUTION ,	1120 USUAL OCCUP	ATION (TYPE OF WO	12b. KIND OF BUS	MD
4	11	EN BURNIE	100E.	Sulh Charts	- Road	FOR MOST OF WOR	ife	OR INDUSTR	Y
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-	_		A. A.	Glen Burnie	120 2 110 2		Charter	Road Ap	t. E
		THER'S NAME	MIDDLE	Wolfers	15. MOTHER'S MAIDE Anna	EN NAME	IBPLE	LAST	
L	60. W	AS DECEASED EVER IN U.S. AR		16b. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
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		lying cause last.	(c)						
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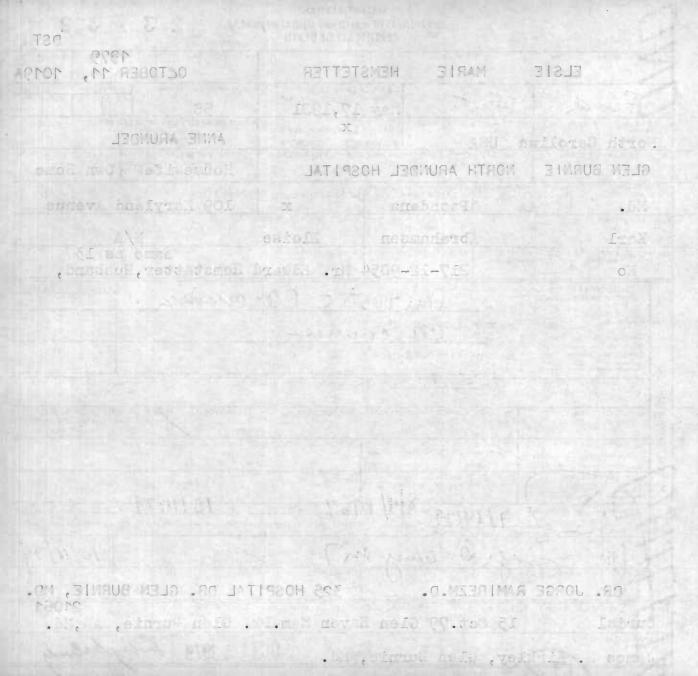
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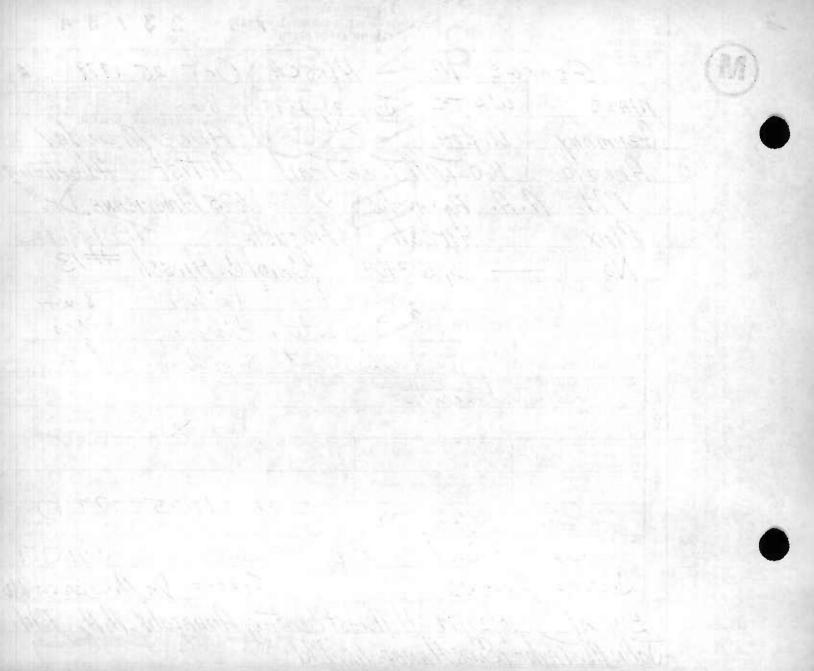
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		CER	21a. ACCIDENT WA		216. TIME O	F INJURY M. MONTH	DAY VEAD	21c. HOW INJURY OCCU	RRED (ENTER NATURE	OF INJURY IN ITEM 18	, PART 1 OR PART 2)	
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DHMH - 16 50M 1/76 (VR A 15 (4))



(SPECIFY)

BURIAL 24 FUNERAL DIRECTOR

BP.

DHMH-16 20M

(VRA 15, 4) 7/78

- STATE

(TYPE OR PRINT)

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUENE 9 **CERTIFICATE OF DEATH** REG. NO. MIDDLE LAST 2a DATE OF DEATH MONTH 26 HOUR HOGARTH 79 10 10:31 S. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR HOURS 30 11 10 67 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED ANNE ARUNDEL WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NORTH ARUNDEL HOSPITAL HOUSEWIFE 13e. STREET ADDRESS 134. INSIDE CITY LIMITS? 908 RAMBLING DRIVE, 21228 CATONSVILLE NO X 15 MOTHER'S MAIDEN NAME LAST MIDDLE SCATTERGOOD CHANDLER ESTELLA 166 SOCIAL SECURITY NO 17 INFORMANT HANOVER, MARYLAND 7407 LOCUST DRIVE 212-58-7873 DOROTHY H. SKINNER. APPROXIMATE INTERVAL 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) MONTH DAY YEAR 211 LOCATION CITY OR TOWN COUNTY STATE (ATJANAE) STREET, FACTORY, OFFICE, FARM, ETC.)

(our) opinion death occurred on the date and hour and from the couses stated

STAFF

DIRECTOR PHYSICIAN

AGNES HOSPITAL, 900 CATON AVENUE

23d LOCATION

SUITLAND

22c. DATE SIGNE

COUNTY

P.G.

STATE

MD.

1629	DUE TO, OR AS A CONSEQUENCE OF		
Conditions, if ony, which gave rise to immediate cause (D), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF		
	( (c)		
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	IDITION GIVEN IN PART 1(a)

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

21229

CEDAR HILL

10-20-79

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

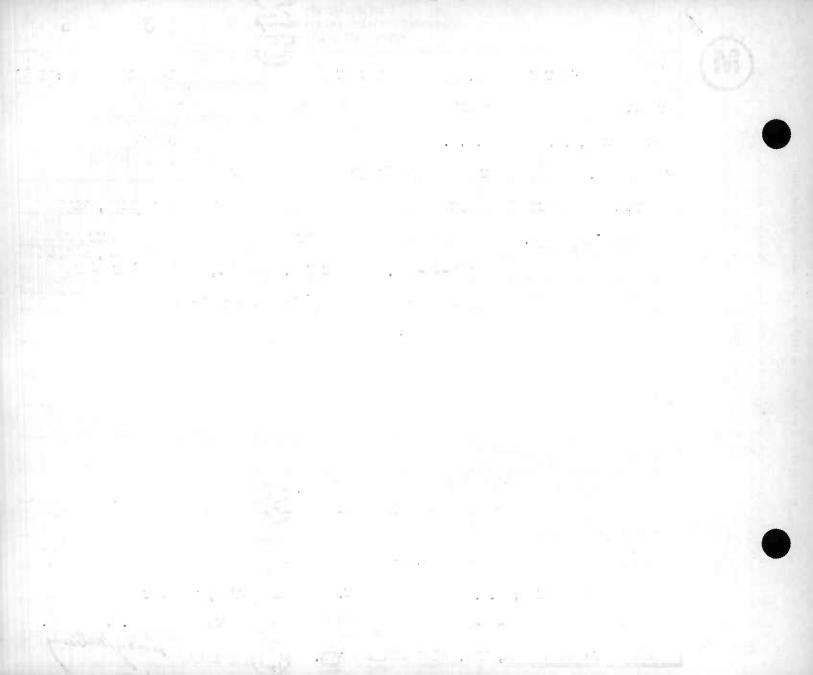
ADDRESS

22e ADDRESS

ATTENDING

PHYSICIAN

MEDICAL



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME O. DATE KNOWN MONTH 7h HOUR (TYPE OR PRINT) Mark steven Holtzner DEATH MATED 10 79 19 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR 2:30 P · M SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED male white Jan 12 1956 DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Anne Arundel County Maryland U.S.A. WIDOWED DIVORCED ID CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Iron Worker Construction Annapolis Anne Arundel General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 1136 COUNTY 134. INSIDE CITY LIMITS? 405 Fairfax Ave. Brooklyn Pk NO K Co. RE Md 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE OF ALT Gallagher Wilford Holtzner Margaret Audrev 16h. SOCIAL SECURITY NO. 17. INFORMANT 52 0851 Margaret Holtzner same as 13 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES X NO [] BE E DEPARTMENT PRIOR TO BURIA 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) buried UNDERLYING X OR subject on overhead beam/structure collasped/ MEDICAL 1:40PM CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, ConstructionSite NewAnnapolisMall, Rt450&178, STATE WHILE AT WORK AT WORK STATE 21201 P DIRECTOR: PAGE AA Co. MD XX Autopsy 22a. I certify that I took charge of the remains described above, held on Inquiry ond in my opinion death resulted from Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 10/7/79 TO MEDICAL E
EXECUTE THE C
PAGE 4 SHOU
TO FUNERAL C
AFTER DEATH,
BALTIMORE, MA MEDICAL EXAMINER SIGNATURE R. Guard, M.D. Hormez 111 Penn Street, Balto., MD 21201 EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 10/10/79 Cedar Hill Cemetery Brooklyn Md. BP 24. FUNERAL DIRECTOR ALGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) George J. Gonce 4001 Ritchie Hgwy Balto 30M 7/73

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	may be page 3 er death		1. DE	REGISTRAR  CEASED NAME FIRST (OR PRINT)	iAm L. Ho	rsTKAMP	REG. NO.  20. DATE OF DEATH MONTH D.  10-2	3-19 3:48 M
	Page 4 may director, po		3 SE	M	4 RACE	5. DATE OF BIRTH SEARCH SEAR SEARCH S	73 YRS. M	IF UNDER 1 YEAR IF UNDER 24 MRS ONTHS DAYS HOURS MIN
	ter deoth. Per funeral di	of once	V	IRTHPLACE (STATE OR FOREIGN	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne Arunde:	
201	by tilled	Catified		nnapolis	(IF NOT IN SUCH FACILITY, GIVE STREET Anne Arundel	de Home or other institution Co. Gen. Hosp.	120 USUAL OCCUPATION (179E OF WORKFOR MOST OF WORKING LIFE Ret. Eqpt. Mec	12b. KIND OF BUSINESS OR INDUSTRY CANIC-CONSt.
MARYLAND 21201	24 hav filled in ould be	Se pe	43a	Md. Art	r other institution, give residence befor The landel Edgewa	ter YES I NO [	13e STREET ADDRESS 123- Oakwood I	Co. Rbad
MARYL	ampletely ond 2 sh	12C		William	F. Horstk		Middle C	orbin
201 W. PRESTON ST., BALTIMORE,	be execu an ond c	e medica	16a. \	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV			. Horstkamp - a	
ST., BAL	certificate ng physica bon paper r removal.	event, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per line far (a 16), on ED BY: TE CAUSE (o) WE +C	State Cane	2 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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W. PR		r other tr		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF		
ORDS, 20	requires ten signe t. Then pla or to burn	injury, o	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	<u>DEATH</u> BUT NOT RELATED TO THE TERM		
DIVISION OF VITAL RECORDS,	an. has be t permi	grows only	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED		WERE FINDINGS USED (ING CAUSES OF DEATH?
I OF VIT	Z & SOT	Hem 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D.	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT ! OR PART 2)
IVISION		orked or	MEDICAL	21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	R ATTENDIN haspital or RECTOR: At red for use of pt. of Healt	121 is mo		sow the deceased alive ar	attended the deceased fram  10-ZZ  19  attivities the body after death	79, and that in (my) (see apinion	deoth accurred on the date and haur	9 7 , that (1) (we) last and fram the couses stated
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	Bb Car	<u>₹</u>		BURIAL, CREMATION, REMOVAI SPECIFY) Burial	10/60/17/7	NAME OF CEMETERY OR CREMATORY Ft. Lincoln Com.	23d. LOCATION Error Town Brentwood	COUNTY GOO Md.
	DHMH - 16 50M 1/7- (VR A 15 (4))	6	24 F	NAME NAME Nalle	nc. F.H. ADDRESS M	t Rainier, 250 DA	T 2 9 1979 256 PESISTA	ARS STORESEEDING

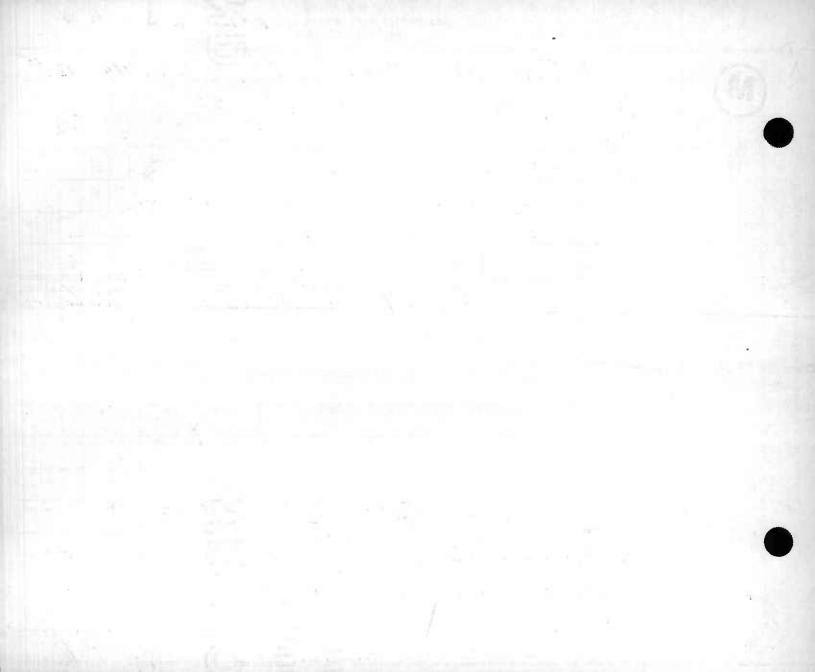
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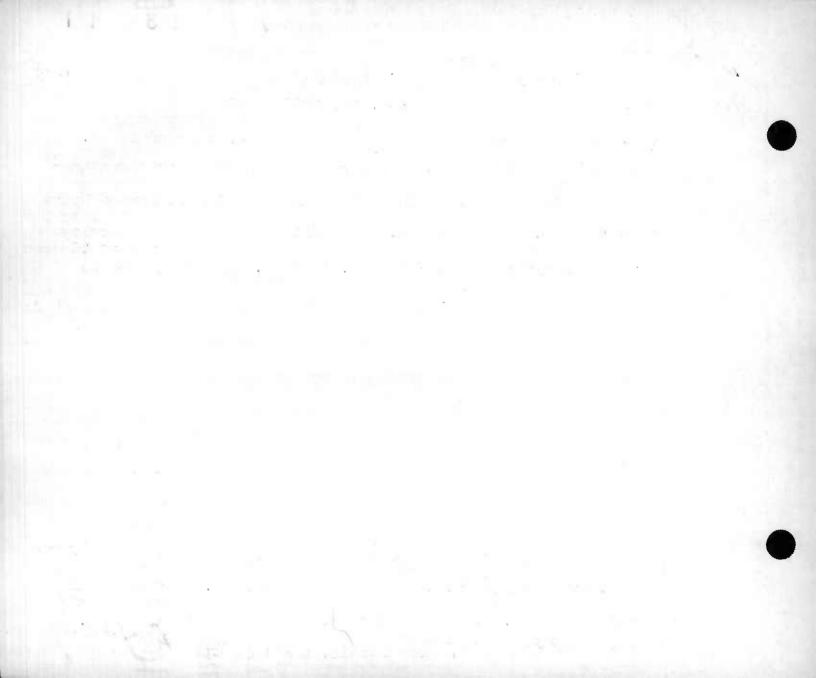


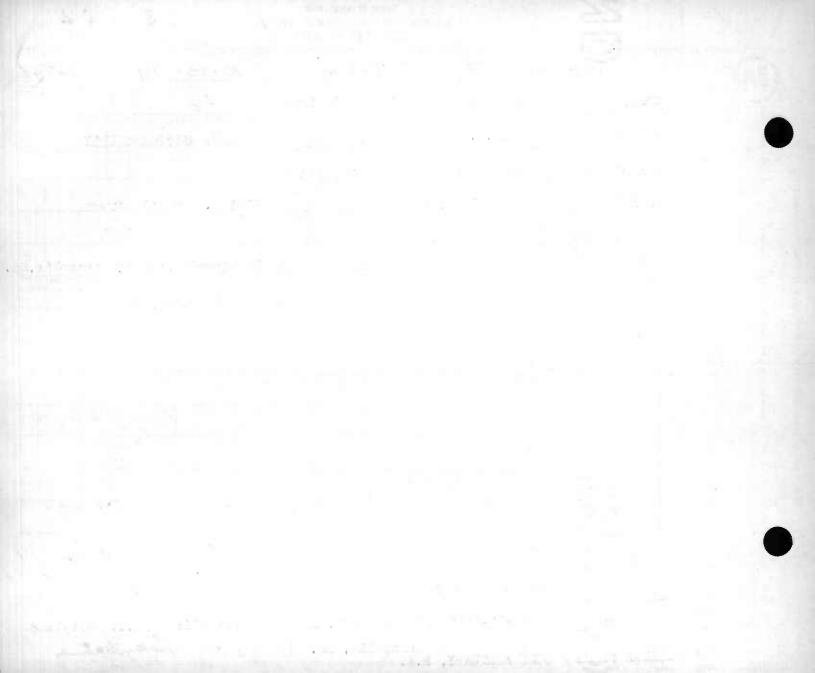
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3/5	13a S	THER'S NAME	Gambri.		134 INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NA		tumnwood D	rive
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e medico		ES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	1	Mr. David		(husband)	
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or Hem 18 sh	MEDICAL CER	214. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE CONTRIBUTION OF THE CONTRI	DEATH HOUR A.M. MONTH D	19	216 HOW INJURY OCCURE			
H Hem 21 is morked	W	saw the degeased alive	(AT HOME, STREET, FACTORY, OFFICE, spital) attended the deceased from, and the body after death	, on	d that in (my) (our) opinion	AUSDICAL STAFF	, 19, the e and hour and from the co	1
1			d Krimins M.D.	per	no address 121 Cathed	director Physicial	nnapolis ,M	1D
	C	remation, remover the removement of the removement in the removement in the removement of the removeme	Oct.22,79	Secur	ity Process		11e Balt	Section 4
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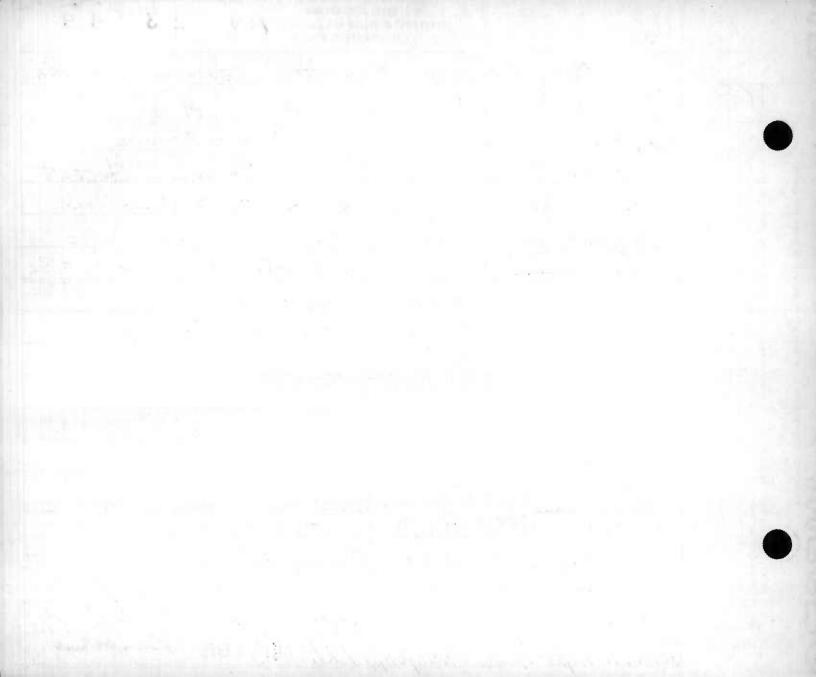




01		FOR STATE REGISTRAR				AND MENTAL H	1 7	3 / 4	4 3	
M)		CEASED NAME FIRST E OR PRINT)	1	J.		NES	20. DATE KNOWN [ OF ESTI- DEATH MATED	MONTH DA		2b. HOUR
ECESSARY, PLEAUNERAL DIRECTO FOR YOUR FILE WITHIN 72 HOUS PRESTON STREE	3. SEX		5. DATE OF BIRTH MONTH DAY 4 12	YEAR 6. AGE (III LAST BIR 61	N YEARS IF UNI	DER 1 YR. IF UNDER	24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DA		2d HOUR 11:50
		RTHPLACE (STATE OR REIGN COUNTRY)  Maryland	76. CITIZEN OF WH		8. MARRIE	ED NEVER MARRI		_		WE
PAGE FRIED	Qı	ry or town of death reenstown	609 Jones		:SS)	er institution	128. USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE)	PE OF WORK 12b.	KIND OF BUS OR INDUSTRY	INESS Y
AND 3 RETAIN HOULD RECORD	13a. S	Maryland		13c. CITY OR TOWN Baltimor	N	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 7370 Furnace	Branch	ı_Road	
PAGES 1, 2, ORM PM 3. S 1 AND 2 SIN OF WIALL	_	John	B. Jones			15. MOTHER'S MAIDE Minery	MIDDLE MIDDLE	Willia	ims	
URS AFTER 8. GIVE PAI WITH FOR C. PAGES 1 DIVISION (	16a. V	(AS DECEASED EVER IN U.S. A	RMED FORCES? /E WAR OR DATES)	215-07-9		17. INFORMANT Hazel Dor	ADDRES Sey 7370 Furna		ich Roa	ıd
ULD BE EXECUTED WITHIN 24 HC "PENDING" IN PENCII. IN ITEM I BE MEDICAL EXAMINER ALONG SED AS A BURIAL-TRANSIT PERMI HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	NO	PART I DEATH WAS CAUS  HODGE IMMEDI  Conditions, if any, whice gove rise to immediate cause (a) stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITION	ATE CAUSE (a) HYO  DUE TO, OR A  (b)  DUE TO, OR A	AS A CONSEQUENC	CE OF					
SHOULD ORD "PEN CHIEF A CHIEF A OF HEA AL, CREA	IIFICATI	196. DATE OF OPERATION	19b. CONDITI	ION FOR WHICH O	PERATION WA	AS PERFORMED?		20	). AUTOPSY?	NO 🗆
S CERTIFICATE SHOULD BE EXER RITING THE WORD "PENDING" PROED TO THE CHIEF MEDICAL F. 3 SHOULD BE USED AS A BL E DEPARTMENT OF HEALTH AN PRIOR TO BURIAL, CREMATION	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH P.M.	MONTH DAY Y	EAR		D (ENTER NATURE OF INJURY IN ITEM 1)	B PART 1 OR PART 2)		
R. THIS CERTI FE, WRITING RWARDED T PAGE 3 SH STATE DEPA 21201 PRIOR	MED	216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE O STREET, FACTO	F INJURY (AT HOME DRY, FARM, ETC.)		ATION REET	CITY OR TOWN	COUNTY		STATE
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213		22a. I certify that I taok cha death resulted fram: Nat ACTUAL SIGNATURE	1077	ribed above, held a	Suicide ,	Hamicide ,	Undetermined manner	DATE SIGNED	11-5-7	9
O MEDI XECUTE AGE UN O FUNE FITER DE	22. 5:	(TIPE OK PKIINT)	Ann M. Dixo			DDRESS	Penn St.			
BP	(5	JRIAL, CREMATION, REMOVAL  Burial  JNERAL DIRECTOR	11/9/1979	23c. NAME OF Arbutus		Park	23d LOCATION CITY OR TOWN  Arbutus, Mar	yland	STAT	re
DHMH - 17 (VR A15 ME (5)) 30M 7/73	_	M. C. March F	/H 1101 Eas	st North A	venue	NOV		spry &	tready	

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FOR



	1.	FOR STATE REGISTRAR			DEPARTM	LENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 9	2 3 /	4	5
24		CEASED NAME OR PRINT)	Virgi		Alston		yes	20 DATE OF DEATH Oct.	20, 19	YEAR 979	2b. HOUR
M	3. SE	male	4	whi	te	S. DATE C	F BIRTH 1911	6. AGE (IN YEARS LAST BE	YRS.		HOURS MIN
11 36	7a. B	RTHPLACE (STATE OR FO	DREIGN 71	CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	DI DIVORCED	Anno A		DEATH	MD.
by the talk with		len Burn		1. NAME OF	HOSPITAL, NURSING HEACILITY, GIVE STREET A Archwoc	G HOME C	ROTHER INSTITUTION	TYPE OF WORK FOR MOST		126. KIND O INDUSTRY KOPT	FBUSINESS OR DETS CO.
2 should be	+3a S	AL RESIDENCE (IF NURS STATE MD	13b COUNT AA	Y	GIVE RESIDENCE BEFORE	V . I		130 STREET ADDRESS	chwood	Ave	
and and		Alston		DDLE	Keyes		15. MOTHER'S MAIDEN N Elizal	oeth MIDDLE		Fish	baugh
s. Pages	16a. V	VAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIVE W	140 OR DARCE!	166 SOCIAL SECUE 21 2/1 0/6		Mrs. Glady	rs E. Keye			ame as13
d by the attending phy lease remave carbanpo ial, cremation, ar rema ar ather traumatic even		18 CAUSE OF DEAT PART I. DEATH W  5/5 Canditions, if any, gove rise to imm couse (o), statin underlying cause	which nediate g the last	DUE TO, O  (c)  (DUE TO, O  (c)	R AS A CONSEQUEI SEUL R AS A CONSEQUEI	NCE OF	7	ia	g.		
en signe Then p or to bur rinjury,	NOI	PART 2 OTHER SIGN	ON CO		UNITER STORY		NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN	IN PART 1(c	01
thos be the print jiene print naws any	CERTIFICATION	190 DATE OF OPERA	TION	1%. COND	ITION FOR WHICH (	OPERATIO	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
rial-trans ental Hyg frem 18 sl		218. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC.	AUSE OF DEATH	21b. TIME C HOUR A. P.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	DRY IN ITEM 18, PART I	OR PART 2)	
h and Mo	MEDICAL	21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO	HILE C	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
for use of Healt		220. I certify that (1) sow the decease	d olive on_	ang	19 7	fe, an	d that in (my) (our) opinia	, to New	late and hour on		tha (1) (we) lost causes stated
detached state Dept.		22b. SIGNATURE	- 71	Be	year	200		MEDICAL STA	CIAN	12c. DATE	\$IGNED 20/29
old be h the S ORTA		James	J. L	Senja	min		7300 Rix	chie Hery	. G 100	061	rule, MD

23c NAME OF CEMETERY OR CREMATORY Loudon Park Cem. Baltimore City

DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL 23b. DATE

24 FUNERAL DIRECTOR FUNERAL Home DDRESGlen Burnie, MD

272 D 285 Valu	antal nesaliting I	nelv
	er. 350 W ezinv	
Table 1 En A France		
	www.bodulora.757	Ten Burio
and topologic Cit in the		

, 1			STATE OF MARYLAND	eng en		
5	FOR STATE REGISTRAR	4	OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO	23	D.S. T.
-	DECEASED NAME FIRST TYPE OR PRINT)	WIDDLE	LAST	2e. DATE OF DEATH		2b. HOUR
MA	Louis	CHARLES	KUTSNER, Sr.	OCTOBER	2, 1979	2:10 M
3	MALE MALE	4 RACE S. I	July 23,1907	6 AGE TIM YEARS LAST BIRT	MONTHS DAYS	
5 70	BIRTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY?		1	R COUNTY OF DEATH	
38	MARYLAND	TT C A	ARRIED NEVER MARRIED DOWED DIVORCED		NDEL COUNT	Y MD.
54	GLEN BURNIE	11. NAME OF HOSPITAL, NURSING H NORTH ARUNDEL	OME OR OTHER INSTITUTION	12g USUAL OCCUPATE (TYPE OF WORK FOR MOST OF SELF-EMF	ON 12b. KIND (INDUSTRY) LOYED PAP	PAINT ER HANG
00	3e STATE 136 COU		RN THES   NO 12	130 STREET ADDRESS		URT
020	FATHER'S NAME CARL	KUTSNER	15. MOTHER'S MAIDEN NA FRANCE		SCHM	Idt
/ 10	WAS DECEASED EVER IN U.S. A	VE WAR OR DATES)		ADDRE	ss Glen Bur	nie,Md.
	YES W	W.II 217-03-7	343 MRS FLO	RENCE E. K	ERWATH (D	AUGHTER
a	gove rise to immediate couse (o), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO DEAT  TEMPLETED  TO CONDITION FOR WHICH OPE	H BUT NOT RELATED TO THE TERM	NEVAL DISEASE OR COME	OTTION GIVEN IN PART I.  20 IF YES, WERE FINDING CAUSE!	INGS USED
7				YES NO	YES []	NO 🗌
/ 1	218. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMINER LIFE CONTRIBUTION OF CONTRIBUTION	ATH HOUR A.M. MONTH DAY	19 21f LOCATION			
	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE, FARM,	STREET	CITY OR TOW	N COUNTY	STATE
	sow the deceased alive of	ortiol) ottended the deceased from 70 of 19 70 of 19 o	, 19 2 2 , and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the do	F 22c DATE	SIGNED
	CENAP S. DO		325 HOSPI GLEN BURN	TAL DRIVEA	ND 2166104	+
2	Be. BURIAL, CREMATION, REMOVA	Company of the Compan	OF CEMETERY OR CREMATORY	234. LOCATION CITY OR TOWN	COUNTY	STATE
	BURIAL	5 OCT' 79 GI	EN HAVEN MEM.	PK. GLEN	BURNIE A.A	MD.
5M	STNGLETON FI	INERAL HOME GLE	MIDITE MODEL	A 1070	256. REGISTRAR'S SIGNA	URE

	C. 178128 MITSHEP, 84.	EINS.	
72	II. July 23,1907		
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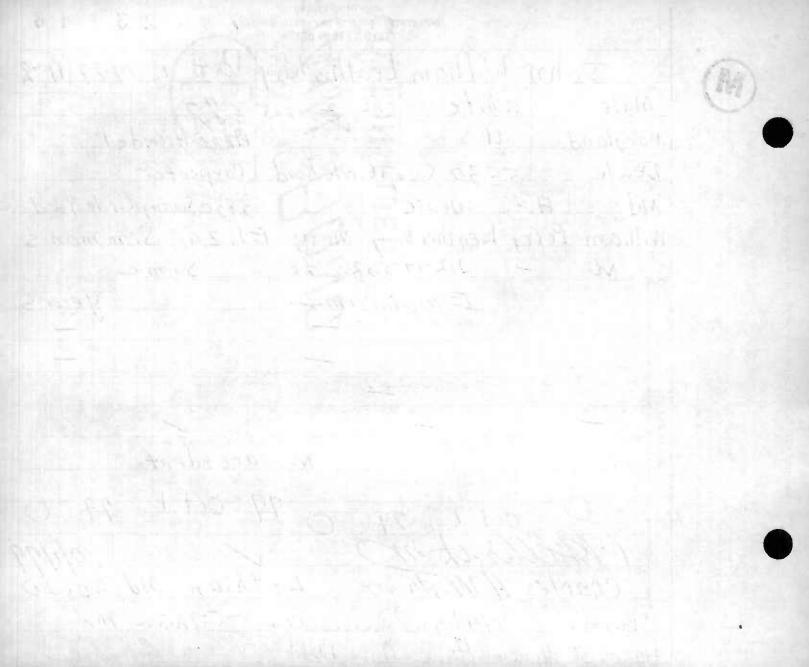
70		1.	FOR - STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		2 3. NO.	3 7	4 7 DST
6	1		CEASED NAME FIRST		WIDDLE	L	AST	20. DATE OF DEAT	H MONTH		2b. HOUR
ay be	41)		RIT		M.		LAY			6 1979	12:36
age 4 ma	100	3 SE	x Female	4 RACE Wh	ite	July		6. AGE (IN YEARS LAS		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
death. P	33	· C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	DE DIVORCED	A NINIT A			Y , MD.
ours after by the h	254		LEN BURNIE	(IF NOT IN SU	HOSPITAL, NURSING HEACILITY, GIVE STREET, HEACILITY, GIVE STREET,	ADDRESS)	SPITAL	12a USUAL OCCU (TYPE OF WORK FOR MI HOUSEW	OST OF WORKING LIE		F BUSINESS OR
within 24 ho tefy filled in should be it	100	13a :	AL RESIDENCE (# NURSING HOME STATE Lryland	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION) 71116	134 INSIDE CITY LIMIT YES NO 1	/00 EV	ss ergree	n Road	
ecuted wit completely 1 and 2 sho	meekcal exa	14 F/	Owen	MIDDLE	McGTynr	ı	Marie	NAME MIDD	ī.E	Grasi	Y
and co	the me		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT		DRESS		
te be an an	it, th		no		216-28-	-9703	John G.	Lay Sr.	sam		bove
aw requires that the death coest signed by the attending. Then please remove carbon or to burial, cremetion, or n.	any injury, or other traun	NO	Canditions, if any, which gave rise to immediate couse (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN	(b)	OR AS A CONSEQUE	MCE OF		TERMINAL DISEASE OR C		VEN IN PART 1(0	1
The I	18 shows	CERTIFICATION	190 DATE OF OPERATION	196 COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO[	IN CERTIF	S, WERE FINDING FYING CAUSES ( ES	
PSIC physic scert al-tra ental	or Item 1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMIN	CAIN	DE INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OC	CURRED (ENTER NATURE OF	INJURY IN ITEM 18, P	PART 1 OR PART 2)	
DING Ph ttending After thi s the buri	marked	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21a PLACE (AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE, F.	ARM, ETC )	21f LOCATION STREET	CITYO	RTOWN	COUNTY	STATE
DIRECTOR:	Item 21 is		22a.t certify that (1) (this has sow the deceased alive a above. (1) (we) (did) (did 22b. SIGNATURE	n	13 19	79. or	d that in (my) (aur) api	, to On the control of the co		19	
by the high ERAL DIE e detache State De	ANT: If		22d PHYSICIAN'S NAME (TYPE	Scon	ml	MD	ATTENDIN PHYSICIA	MEDICAL DIRECTOR PH		10/8	8/1979
TO HOSPIT retained by 1 TO FUNER/ should be de	MPORTANT:		ANDREW R.	SOSNOW			220 ADDRESS 40' GL	EN BURNIE,	HIGHW MARYL	AND 21	061
BP	_	(	BURIAL, CREMATION, REMOVA SPECIFY)  Burial	10/9				tery Brook			aryland
DHMH-16 ( (VRA 15, 4)			NAME RAYMOND C. F.	ink	Glen Bu:	rnie		OCT 1 0 19	9 25b. REGIST	TRAR'S SIGNATU	RELEGY

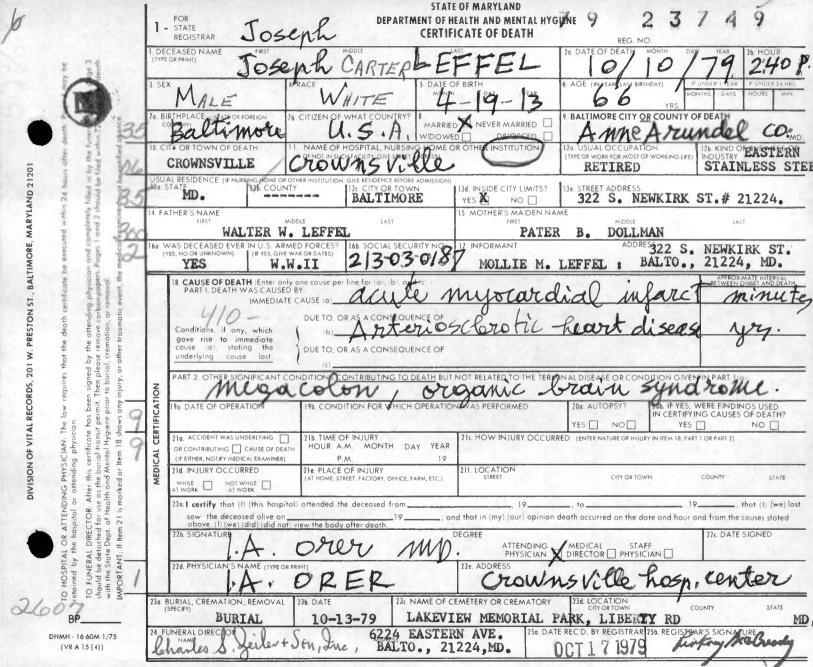
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ANDREW D. BOSKOWLKI, M.T. CLEY BURNE, MARYL ND 21060

MINISTER . A.A. , and the design of the design of the last of the

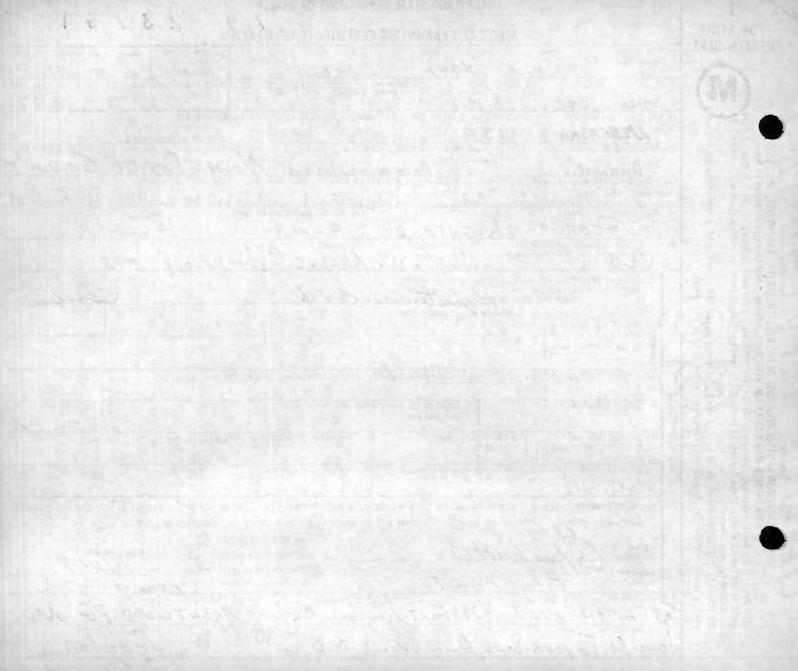
	1		STATE OF MARYLAND	9 1 0
6	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 2 3	148
7	1 DE	CEASED NAME FIRST	REG. NO.	YEAR 2b HOUR
		OR PRINT) TOhy	William leatherhury Oct 1 19	179 1140
(MI)	3 SE	×		UNDER I YEAR IF UNDER 24 HRS
		Male	White 12, 2, 1905 19 yrs.	THS DAYS HOURS MIN
neral di n 72 hare.		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED WEVER MARRIED 9 BALTIMORECITY OR COUNTY OF	DEATH
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rs after of tiled with	1	Deale		INDUSTRY
AND 212	USU J3a	AL RESIDENCE (IF NURSING HOME OF	134 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS	101
7 7 7 9	A E	THER'S NAME	11. Deale YES NO 5830 SwampCi	rele Boad
MARY mplete and 2	W	Iliam Por	MIDDLE Leatherhum Marii Fliza Cia	m 2m co 21 S
m 5 0 5 1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMAN ADDRESS	
≥ 0 c E	L	ES, NO OR ONLINO	212-14-5258Wife Same	
T., BALT  Inficate by physicial npapers. maval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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death ce attendin ave carb		Condition if an all it	DUE TO, OR AS A CONSEQUENCE OF	_
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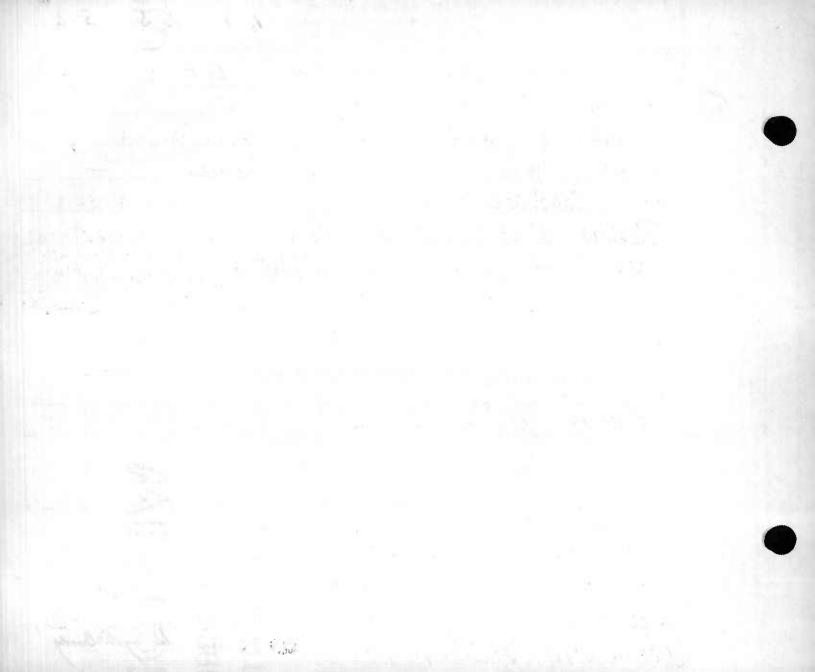
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	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	YGIEVE 9 2 3 / 3 4
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o.	3 S	x 	4 RACE S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 24  MONTHS DAYS HOURS A
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within within	10.0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION 126 KIND OF BUSINESS
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ie hospital DIRECTOR ached for u Dept of He		above, (1) (we) (did) (d-day) 226 SIGNATURE	at) view the body after death.  DEGREE	22c. DATE SIGNED
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STATE OF MARYLAND



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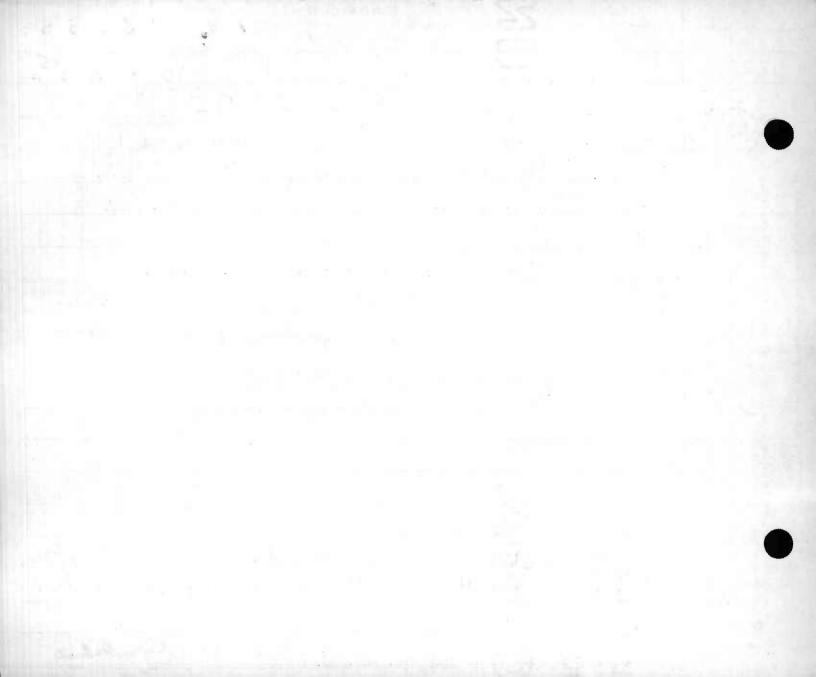
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STATE OF MARYLAND

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or Hebit		220.   certify that (1) (this haspit saw the deceased alive an abave, (1) (we) (did) (did nat	10/2 10	29, and that in (my) (	aur) apinian death acc	urred on the date an	19——, that and have and from the cause	(I) (v ses sto
		22b. SIGNATURE	I Pelend	DEGREE A1 P	TENDING MEDIC	AL STAFF	22c. DATE SIGN	NED
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éu	23a. 8		CUTURE H 23b. DATE 23		REMATORY 1236 L		SEVERWA O'A	n K

STATE OF MARYLAND



George J. Gonce 4001 Ritchie Hgwy

DEPARTMENT OF HEALTH AND MENTAL HYGIEN! STATE CERTIFICATE OF DEATH DST REGISTRAR REG NO LAST 2a. DATE OF DEATH . DECEASED NAME 2b. HOUR (TYPE OR PRINT) ANNA U. MALLON October 19, 1979 9:50 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNGER 24 HRS DAYS BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel County, 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Weldon Rd Lang APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASUOR CONDITION GIVEN IN PART TIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [ 2) CHOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 3927 Old Annapolis Road Baltimore, Maryland, 21227 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE STATE COUNTY Cedar Hill Cemetery Brooklyn Burial Md. 24 FUNERAL DIRECTOR Balto 21225

STATE OF MARYLAND

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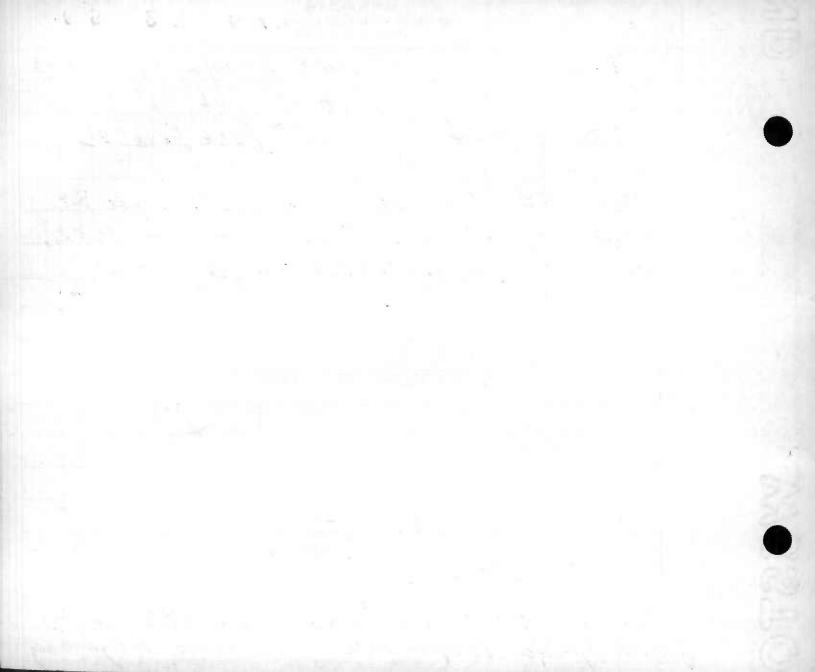
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	1.	FOR - STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	PER 9	23/5
		CEASED NAME PROTECTION OF PROME	MIDDLE	Mepol.		MONTH DAY YEAR 2
1	3. SE	· C	4 RACE White	S DATE OF BIRTH	6. AGE IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF MONTHS DAYS H YRS.
35		RTHPLACE (STATE OFFOREIGN )	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED MIDOWED DIVORCED	PRINTINGRECITY O	RECOUNTY OF DEATH
Confited		Anapolis	11. NAME OF HOSPITAL, NURSING	DORESS)	126. USUAL OCCUPATE ITYPE OF WORK FOR MOST OF	ON 12b. KIND OF B INDUSTRY
33	130.	STATE MD 1 136 COUNTY	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AT TY	TEP YES NO NO	130 STREET ADDRESS	PRIBORO R
West of the second		VAS DECEASED EVER IN U.S. ARM	MEAD E	RITY NO 17 INFORMANT	ME 3 E + H MIDDLE ADDRE	A. HAR
e medic			war on dates) 214-560	1706 ELSIE H.	LAXDEN	# B  APPROXIMA  BETWEEN ONS
injury, or oth	NOI	PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENT (c) ONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERMI	IINAL DISEASE OR CONI	DITION GIVEN IN PART 1(a)
2	CERTIFICATION	IN DATE OF OPERATION	1% CONDITION FOR WHICH C	DPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES []
9	3	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)		Y YEAR 19	RED LENTER NATURE OF INJUR	IY IN ITEM 18, PART 1 OR PART 2)
nked or	MEDIC	21d INJURY OCCURRED  WHILE INDIVINUE I	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	RM, ETC.) 211 LOCATION STREET	CITY OR TOW	VN COUNTY
T. If Nem 21 is mo		220 I certify that (I) (this hospite saw the deceased alive on above. If (and III) (did not 17th SIGNATURE	007 107	9, and that in (my four) apinion of DEGREE  ATTENDING PHYSICIAN	death occurred on the do	FF _ ZZC. DATE SA
PORTANT		22d PHYSICIAN'S NAME (TYPE OR	-/-	ELD 220 ADDRESS SHAW	iside P.	71 2086;
- F	-	Entra construction of	1236 DATE / / 123c No	ALLE OF CELEVANION OF COLUMN	23d. LOCATION	,
3	23a. I	RIAL	10/27/29 A	ME OF CEMETERY OR CREMATORY  250 DATE	BIRDSU!	SILE COUNTY DA



10	FOR STAT REGI	E STRAR			EPARTMENT OF	HEALTH		ENTALF	1 /		2 REG. N	3 /	6	0	
HOURS TREET,	. DECEAS (TYPE OR PE	ED NAME	John	n Fr	ederick	Me	erkel		2	OF.	ESTI- MATED	<ul><li>MONTH</li><li>□ 10</li></ul>	13 <sub>19</sub>	79	h. HOUR
3.	male	4. RAC	nite	5. DATE OF BIRTH DAY Oct. 26	YEAR LAST BIRTH	PARS IF UNDAY) MONTH		IF UNDER	MIN P	c. DATE RONOUN DEAD		10	13 <sub>19</sub>		12°18
35	FOREIGN	LACE (STATE OR COUNTRY)		76. CITIZEN OF WH.	Α.	WIDOW		DIVORC	CED [	Anne	Aru	or coun nde1	County	7	MD.
54	G1e	n Burnie	е	North A	PITAL, NURSING HOM LITY, GIVE STREET ADDRESS Arunde I Ho	spita		TION	FOR MO	occup ost of work chan	(ING LIFE)	YPE OF WORK	OR IN	DUSTRY	red a
	30. STATE	yland	13b. COUNT		residence before admis 13c. CITY OR TOWN Gambri		13d. INSIDE C	NO 🛣		et addres		Rt. 3	2	105	4
20	I	rst eo		MIDDLE R.	Merkel		M	er's maidi first fary	EN NAME	WI	E.		Mue	lle	r
		DECEASED EVER , OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	21 2-84-		Mr.		R.	Merk	ADDRES	ss Sam (Fath	er)	# XIMATE II	13
LL CREMATION, OR REMOVAL.	PART	PART I DEATH V  SI 47  Conditions, if gave rise to couse (o) stoting lying cause last  2 OTHER SIGNIFICAN	IMMEDIATE any, which immediate g the <u>under</u> -	(c)	Cranio-cer  AS A CONSEQUENCE  AS A CONSEQUENCE  UT NOT RELATED TO THE TER	OF OF			ART 1 (a).						
SURIAL, CREMA	CERTIFICATION 19a.	DATE OF OPER	ATION	19b. CONDIT	ON FOR WHICH OPE	RATION W	'AS PERFOR	RMED?			П		20. AUT		NO []
	OCAL COL	EXTERNAL CAL DERLYING XXI NTRIBUTING INJURY OCCUR INJURY OCCUR WORK AT V	OR CAUSE OF D	21e. PLACE O	INJURY MONTH DAY YEA PM 10/12197  FINJURY (ATHOME, DRY, FARM, ETC.)  dway	9 pe	destr	ian s	truck	by v	vehic		YTHUC	, MI	STATE
IMORE, MARYLAND, 21201	ACI SIG		I took chorge		Accident S	Autop Suicide	Homi TITLE (S L.D. Dep	Inspection in the control of the con	Undete	Inquiry rmined mo	onner	ond in my o	pinion	0/13	3/79
AFTE	230. BURIA (SPECIF	L'CREMATION,  Buria  RAL DIRECTOR  GLETON	REMOVAL 23	6 OCT 7	23c. NAME OF C	EMETERY C	n Men	ORY n.Pk	23d. LOCATIVE GITY OF	cation en E	Burn	cou	литу	STA	ıt Id

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	or energy sport of the land
25 med 100 0000	A.C. Berline
	Mickell for any county to them to the
1 140 A 21 A 2	of the deal termination a factors.
Type Carrow	destroit des
(unatail tetanil to on the	
The state of the s	

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remave carbonpopers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

MAPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examiner must be notified afforce.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYPENE 9

3

1-	FOR STATE REGISTRAR		FICATE OF DEATH	reg. No.	3 / 6			
I. DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	H DAY, YEAR 26 HOUR			
	ORPRINT) FRANCI	es f r	MITCHELL	10 -	14-79			
3. SE	X	1 RACE S. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.			
	TEMALE	CHUCHOIDN 7	26 00		YRS.			
70. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW	DIVORCED DIVORCED	9. BALTIMORE CITY OR CO	HOUNTY OF DEATH			
10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME		120. USUAL OCCUPATION	126. KIND OF BUSINESS OR			
A	UNAPOLIS	ANNE ARUNDEL (	Sourcel	TYPES WORK FOR MOST OF WOR				
USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 13c CITY OR TOWN  1 Harway  1 Harway  1 Harway	734 INSIDE CITY LIMITS?	130. STREET ADDRESS CO.	man's Is. Ro			
14. FA	WILLIAM "	P FLAMM	15 MOTHER'S MAIDEN NAM	MIDDLE	1 HARDT			
	VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO. WAR OR DATES) 2/2056387	P. EUGFWE	Mitchell	#13			
	PART I. DEATH WAS CAUSED	100 100 101	anema		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	1 MMEDIATI	E CAUSE (o)	avervoir					
	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF						
	gove rise to immediate couse (0), stating the							
	underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	repri					
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101							
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO				
CER	21a. ACCIDENT WAS UNDERLYING			ED JENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)			
	OR CONTRIBUTING CAUSE OF DEA!  (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH DAY YEAR P.M. 19						
MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION	CITY OR TOWN	COUNTY STATE			
£	WHILE NOT WHILE AT WORK	I	/	1 ( -	JIN 6			
		ol) attended the deceased from 11/12	777 , 19		, 19, that (I) (we) lost			
	sow the deceased alive on above, (1) (did) (did) (did)		nd that in (my) <del>(our)</del> opinion o	death accurred on the date or	nd hour and from the couses stated			
	276. SIGNATURE	Lin	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED			
	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	720 ADDRESS	Malv.	. / 1/.			
41.	WATI	(//)	Staulary 1	UHRLIUS +	TUVA polis, T.D.			
The A	LIFY) CREMATION, REMOVAL	10-18-79 G-LEN	THEN EN CEM.	GLEN BURN	118 A.A. ND			
74	WERAL DIRECTOR TALL	R Sous Poss po	118 MD 250. DATE	REC'D. BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE			
-	100 1010 10190	A MAN MAN MAN MAN MAN MAN MAN MAN MAN MA		11 10 1010	A Maria			

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

retained by the hospital ar attending physician

CHARLES AND SERVICE OF THE SERVICE O PERESS F. MITCHELL IN 1837ANT TENKLE LENCKASION F SE CB TA BEET NOW WATER A THE PROPERTY OF THE STATE O KIRAPECTS FAME FALLOSCE COMERCE FOR SUSSEEN FREEZE 100 de allumbi stravel esta situatification de TERRITOR OF THE PROPERTY OF TH The same of the sa Park allowed best with a suffer to the State of the Contract of the State of the St Anomala of the contract of the same of the

FUNERAL HOME GLEN BURNIE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIPHE

FOR

(VRA 15, 4) 7/7B

en July 189 - Name of the Company of

	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GUNE 9 2	3 7 6	3 EST
	DECEASED NAME FIRST	MIDDLE	IAST	20 DATE OF DEATH MON		26. HOUR
2	CHARLO	TTE BARKLEY	MORRIS  Is date of Birth	OCTOBER	29 1979 Y) IF UNDER 1 YEAR	IF UNDER 24 HRS
ľ	Female	White	Jan. 6, 1892	87	MONTHS DAYS	HOURS MIN.
15	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		OUNTY OF DEATH	MI
(1)	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, NORTH ARUNDEL	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOUSEWIFE	DRKING LIFE) 12b. KIND O INDUSTRY	F BUSINESS OR
33 M	aryland Car	r OTHER INSTITUTION, GIVE RESIDENCE BEFORE NOT 134 CITY OR TOW Hampste	N _ 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 2713 Aspen	n Drive	
		erett Robinso	n Leah	Hawkins	Carr	ick
2	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 215-05-		ADDRESS Morris 8:	335 New C	ut Roa
injury, or other troumotic		DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D		MINAL DISEASE OR CONDITE	ON GIVEN IN PART 1(c	31
shows ony	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20 IN	III. IF YES, WERE FINDING CAUSES YES	NGS USED OF DEATH?
1 4	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DA	Y YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)	
1	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY	STATE
2 S - Z E E E E E E E E E E E E E E E E E E		ital) attended the decessed from	, and that in (my) (aur) apinion  DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	and hour and from the c	
MPORTANT	MARK KAPLA	N M.D.	22e ADDRESS	ITAL DR. GL		, MD.
_ 23	Burial, CREMATION, REMOVAL (SPECIFY) Burial		name of cemetery or crematory It. Olivet Cem.	Baltimore		yland
	FUNERAL DIRECTOR Raymond C. Fi	nle Clashoness	rnie, Md.	TE REC'D. BY REGISTRAR 251	BEGISTRAYS STONATI	URE

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	1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL H	Y 91ENE	REG. NO	3	1	6	5	
		CEASED NAME OR PRINT)	FIRST	,	IDDIE		Nagy	2a. D/	The or other	ct.		YEAR 1979	26. HOL	A M
110	3 SEX	Male	(	race Caucasi		5. DATE C	DAY YEAR		E (IN YEARS LAST BIRTH	YRS.	IF UNDER	DAYS	IF UNDER	MIN.
9		RTHPLACE (STATE OR FOI	REIGN 7b.	76 CITIZEN OF WHAT COUNTR			MARRIED NEVER MARRIED WIDOWED DIVORCED			I Thine Thunder				MD.
0	9 Pasadena C				OSPITAL, NURSING				120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)			126 KIND OF BUSINESS Steel Indus		
4	USUA 13a. S	AL RESIDENCE (# NURSII TATE Md.	HOME OR OT 134 COUNTY	me or other institution, give residence before OUNTY as a little or to wine Arundel Pasade			13d. INSIDE CITY LIMITS? YES NO 🎦	13e ST 21	TREET ADDRESS	t. Pa	asadena, Ma			22
£.	14. FA	Gabor	MID	DLE	Nagy		15. MOTHER'S MAIDEN IN		WIDDIE		Cs	aki	r	
1	160. W	AS DECEASED EVER I	(IPNES, GIVE W.		218-01-3		Marie Nagy	Sa	me as 13	55				
		Conditions, if any, gove rise to imm cause (a), stating underlying cause	which ediote the lost	DUE TO, OR  DUE TO, OR  DUE TO, OR  DUE TO, OR	AS A CONSEQUE	NCE OF	ry avre						MATE INTE INSET AND	PEATH
	CERTIFICATION	PART 2. OTHER SIGN					NOT RELATED TO THE TE		AUTOPSY?	206, IF YE	S, WERE	FINDIN	IGS USEI	TH?
	MEDICAL CER	21a. ACCIDENT WAS UNDI OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	P./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCI	URRED (É	NTER NATURE OF INJURY	IN ITEM 18.	PART 1 OR F	ART 2)		
	MED	21d INJURY OCCURR  WHILE NOT WH AT WORK AT WOR	ILE [	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET		CITY OR TOW	N	COU	VIY	S1	TATE:
		220-1 certify that (1) sow the decease	d-alive on	Oct.	23 19	79.0	nd that in (my) (our) opinion	on death o	occurred on the do	te and ho	, 19 <u>7</u> ur and fr		that (1) (1)	

224 PHYSICIAN'S NAME (TYPE OR PRINT) ames Benjamin

22e. ADDRESS

ATTENDING PHYSICIAN

DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN Ritchie Highway, Glen Burnie,

Howard

230. BURIAL, CREMATION, REMOVAL (SPECIFBURIAL) BP. 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

ully F.H. Mountain & Tick Neck Rds. Pas.

11/1/1979

Meadowridge Mem.

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

Dorsey

ank

NOV 2

22: DATE-SIGNED

Md

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	2747 22	ion	Cullotte	ata .
				62,80
A. LONG (1991)			4-440	्र <sub>स्था</sub> ने होते ।
of the state of th	S x	2007,0000, 7	braud south	
ies)	Edward No.			Inch.
and and 13	nontradicti			

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME George 20. DATE KNOWN Walter 2h HOUR Raymond Newcomb. Jr MONTH ESTI-New Comb DEATH MATED 1979 10 1925 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR DATE 54 yps June DAY PRONOUNCED 26 DEAD 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Maryland WIDOWED DIVORCED 120 USUAL OCCUPATION TYPE OF WORK 1126 KIND OF BUSINESS Esquire Sales Clerk Sports 13b. COUNTY Anne 13r. CITY OR TOWN 13e. STREET ADDRESS Maryland 1012 Wellham Ave. Arunde1 Glen Burnie YES [ NO K 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST George Raymond Mullikin Walter Newcomb, St Edith 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (wife) **ADDRESS** Same as 212-20-7235 #13 Mrs. Gladys H. Newcomb W.W. Yes 18. CAUSE OF DEATH (Enter only one cause per line of (a), (b), and (c).) EN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES [] 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e. PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I toak charge of the remains described above, held an Autapsy and in my opinion Accident death resulted from: Hamicide Undetermined manner ACTUAL TO FUNERAL DAFTER DEATH, BALTIMORE, MA EXAMINER'S NAME 23a BURIAL CREMATION REMOVAL 236. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Haven Mem. Pk. Glen Burnie BP. **DHMH - 17** (VR A15 ME (5)) Singleton Funeral Home, Glen Burnie, Md 15M 7/76

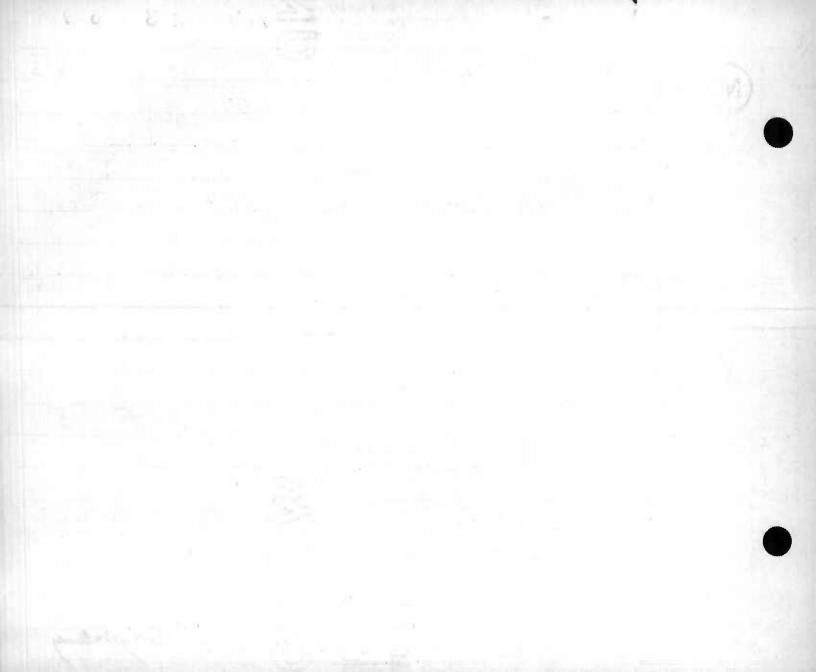
. Sva sparte that you be stored not "Phonera boatvior Medical values the most review of the same and the same of the sam 1212-20-7275 Ers. Gladys H. Mascondo all Burial Later Star Hoven Jem. Bk. uten burning St. S. Liter oglebon semeral some, elsm Burnic, Cd.

			STATE OF MARYLAND	•
	1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	67
,0	11.	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0
10-	I. DE	CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH	DAY YEAR 2b. HOUR
(mm)	(TYI	E OR PRINT)		
( ) 新建		JANI		20 1979 W M
1 20.00	1.58	1. RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 2d. HOUR
23000		FIM	6 17 48 3/ YRS. MONTHS DATS HOURS MIN. PRONOUNCED DEAD 10	20 1979 P M
245.42	Ja. 8	RTHPLACE (STATE OR	7b. CITIZEN OF WHAT COUNTRY? IS 9 BALTIMORE CITY OR COUNT	
SEE # 335	FC	REIGN COUNTRY)	MARRIED   NEVER MARRIED	NOFL MD.
S THE STATE OF THE	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK	12b. KIND OF BUSINESS
出る。ヨシー	14	NN310/is	HAVE PRUNDE! GONERS!	OR INDUSTRY
202		L RESIDENCE (IF IN NURSING HOME OF TATE 13b. COUNT	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDISSION)  Y   13/CITY OR TOWN   13d. INSIDE (1TY LIMITS?   13e. STREET ADDRESS)	1 1/
E ANY DE ANY DE AND BE SHOULD IT RECORD		Md A	13) CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e, STREET ADDRESS) YES NO 1006 TESTORY	it St.
RE, MD. 2 R DEATH. 1 RGES 1, 2, RM PM 3 I AND 2 S OOVITAL	14 F/	THER'S NAME	MIDDLE LAST SMAIDEN NAME MIDDLE AND FIRST	/ IAST
EATH F	1	AMOS AL	exander Thorpe MARY Snowed	eN
BALTIMORE, MD.  RS AFTER DEATH,  GIVE PAGES 1.  WITH FORM PM.  PAGES 1 AND 2.  DIVISION OF VITA	16a. V	AS DECEASED EVER IN U.S. ARA		0-21077
BALTIMO URS AFTER B. GIVE PA WITH FOI DIVISION	{Y	ES, NO OR UNKNOWN) (IF YES, GIVE V	VARORDATES)	6 7100K
BALTIM RS AFTE GIVE P VITH FC PAGES	$\vdash$	100	RIY-YE-ONYE MARY SNOWNER, 335 B	AVVIPWILL
. 20		18. CAUSE OF DEATH (Enter onl	y one cause per line far (a) (b), and (c).)	APPROXIMATE INTERVAL
DI W. PRESTON ST., TED WITHIN 24 HOU X PENCIL IN ITEM 18 XAMINER ALONG V AL-TRANSIT PERMIT. MENTAL HYGIENE, E REMOVAL.		PART I DEATH WAS CAUSED	ECAUSE (a) Cardine / Loren	
ON 24 PER I		4571 1	DUE TO, OR AS A CONSEQUENCE OF	The state of the s
W. PREST ED WITHIN FENCIL IN AMINER A FUTRANSIT ENTAL HY REMOVAL		Conditions, if any, which	552.16, 51114.165.162.921.162.01	
WITHI CIL INER TAL H MOV.		gove rise to immediate	(b)	
OI W.		couse (a) stating the <u>under</u> lying couse last.	DUE TO, OR AS A CONSEQUENCE OF	Marine Control
2 2 2 2 2 0		Tyling couse last.	(c)	
DS, 3C XECU IG" IN CAL E BURI		PART 2 DTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	1
BIVISION OF VITAL RECORDS, 3 S CERTIFICATE SHOULD BE EXEC RITING THE WORD "PENDING". RDED TO THE CHIEF MEDICAL RE 3 SHOULD BE USED AS A BUL RE 2 SHOULD BE USED AS A BUL RE DEPARTMENT OF HEALTH AND PRIOR TO BURRAL, CREMATION.	CERTIFICATION		The resultate of the resultate of Condition Office in Part 1 (a).	
AL REC	1 =	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY?
F VITAL R WORD "P WORD "P HE CHIEF O BE USE ENT OF H	문	Charles and the second		W
BIVISION OF VITA S CERTIFICATE SHOWING THE WORD RDED TO THE CH E S SHOULD BE U E DEPARTMENT OF PRIOR TO BURBAL	E	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART LOR PAR	YES NO
NOFN ICATE HE WC DULD B DULD B TMEN'		UNDERLYING OR	21b. TIME OF INJURY  12c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	T 2}
NO SET OF	₹	CONTRIBUTING CAUSE OF D	EATH P.M. 19	
CERTI TING DED T 3 SH DEPA PRIOR	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, 211 LOCATION	
S S S S S S S S S S S S S S S S S S S	E	WHILE NOT WHILE T	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COU	INTY STATE
DIVIS  EXAMINER: THIS CER CERTIFICATE, WRITING ULD BE FORWARDED DIRECTOR: PAGE 3 S WITH THE STATE DEP		AT WORK AT WORK		
FOR STE		220. I certify that I took charge	e of the remains described above, held an Autopsy . Inspection . Inquiry . , ond in my opi	inion
AND THE PRINCE		death resulted from That		
XAM ERTIF LD BE WITH WRYLA				
L EXAMINE: E CERTIFICA OUID BE FO LI DIRECTOR H, WITH THE MARYLAND,		ACTUAL ///	TITLE (SPECIFY)  DATE	
A H H H H H H H H H H H H H H H H H H H	-	SIGNATURE	M.D. Dept 49 MEDICAL EXAMINER SIGNED	10.20-19
DIC OR SEA		EXAMINER'S NAME	1 , 11 (1 , 1 , 2 )	
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TO MEDICAL E EXECUTE THE PAGE 4 SHOUN FOR THE PEATH PATER DEATH BAITMORE, M.	23o.B	BIAL, CREMATION, REMOVAL 23		
	1 9	PECIFY)	Oct 25-79 PINELAWN BESTOATE AU	Z / / Y
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15M 7/77	5	14,1111115	[ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	thereof.

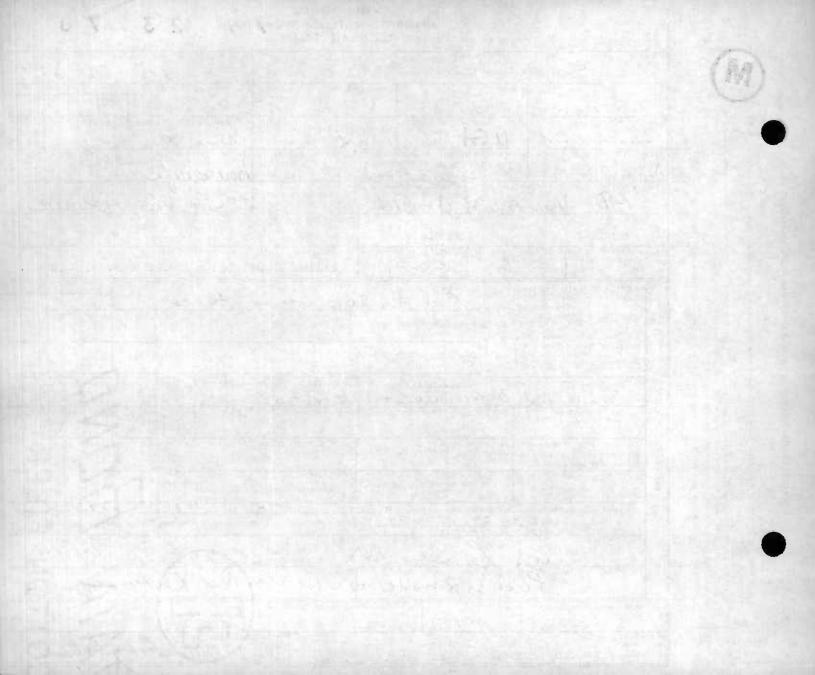
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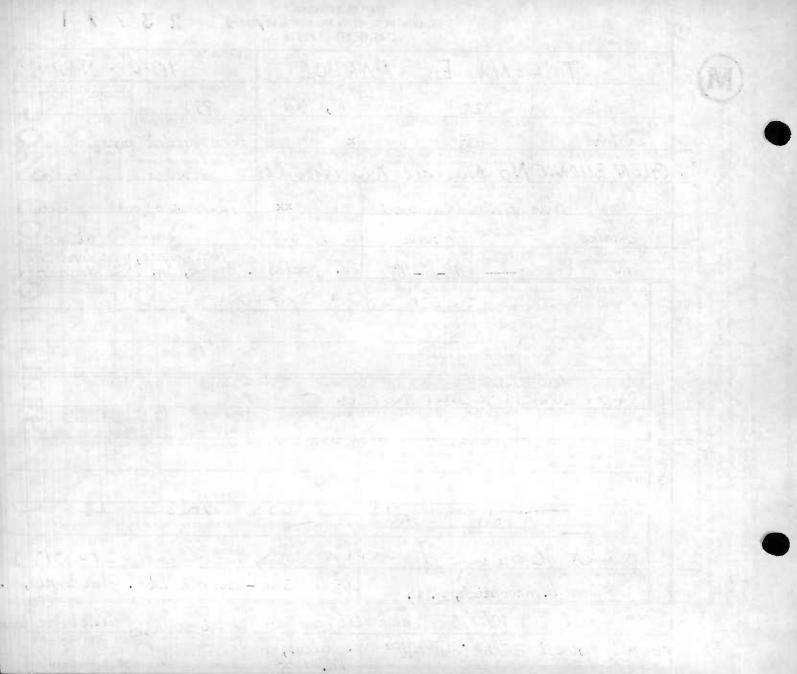
to	200	1.	FOR STATE REGISTRAR		DEPA	STATE OF MAR RTMENT OF HEALTH AI CERTIFICATE O	ND MENTAL HYGI	ENE 9 2	3	16	8 D.S.T
	(IAI)		CEASED NAME	FIRST	WIGGLE	NOON		OCTOBER		1979	26. HOUR 4:30 <sup>A</sup>
e 4 may b	s offer own	3. SE	Fen		1 RACE White	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
eoth. Pog	in 72 hours		RTHPLACE (STATI	mel 1	TO CITIZEN OF WHAT COUNTR	MARRIED NEV	/ER MARRIED D	9. BALTIMORE CITY OF	R COUNT		Y MD.
101 s offer d	by the fullied within		LEN BUI	RNIE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR NORTH ARUNI	SING HOME OR OTHER	INSTITUTION AL	120 USUAL OCCUPAT	ON WORKING LIE	FE) INDUSTRY	F BUSINESS OR
AND 212	filled in nould be f		AL RESIDENCE (II	POURSING HOME OR O	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION) DWN 134 INSID	NO X	606 H	leg	Rek	En Rx
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riMORE,	Pages 1		VAS DECEASED I	Z (IF YES, GIVE	WAR OR DATES) 110 SOCIAL SE	49958 G	Mun	9- 200	m	-20	ve
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AL RECORD	has be permit ene price aws any	CERTIFICATION	19a. DATE OF OI	PERATION	196, CONDITION FOR WHI	ICH OPERATION WAS PE	RFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIT FYING CAUSES ES []	NGS USED S OF DEATH? NO []
OF VITA	ertificate ial-transmital Hyginem 18 sh	ICAL CER	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEAT		DAY YEAR	W INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18, I	PART 1 OR PART 2)	
DIVISION OF VITAL	attending fler this cas the bur hand Me irked or li	MEDIC	21d. INJURY OC	CURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF)	CE, FARM, ETC.) 21f. LOC STI	ATION	CITY OR TO	VN	COUNTY	STATE
0	haspital ar RECTOR: Al ned far use spt. of Healt rem 21 is ma		sow the de	ceased alive on	ol) ottended the deceased fro	m, and that in (	(my) (our) opinion d	, to eath accurred on the d			that (I) (we) last couses stated
AL OR	e 0 0 0 ±		27b. SIGNATUR	mm	Aubitur	DEGREE , m D		MEDICAL STA		22c DATE	->3-7/
O HOSPIT	etained by the TO FUNERAL should be det with the Store With The Store		JOSE		SBITERO, M.	D. 22°. ADD	GLEN	001111-	RIVE	AND	E 108 21061
-	BP	23a	BURIAL, PREMAT	ION, REMOVAL	10/26/79 2	name of cemetery	Medie	23d LOCATION CITY ON TOWN	B	country	STATE
	H-16 50M 7/77 /R A 15 (4))	24. F	NERA DIRECTO	Fol La	vanes ADDRESS	Werne D	25a. DOTE	T29 1979	25b. REG13	TRAR'S SIGNAT	TURE

TRACTOR OF STREET \_ Y0011 ATTAC S Porte dien , to mantio The same of the sa AP HED ME STATE FORTH ARBEIT OSPITAL SIMPLE Note that the same of the same A Charles and the second of th JOES M. PRESENTING, M. C. LES HIM I J. MAYE. And the state of t



(VRA 15 (4))



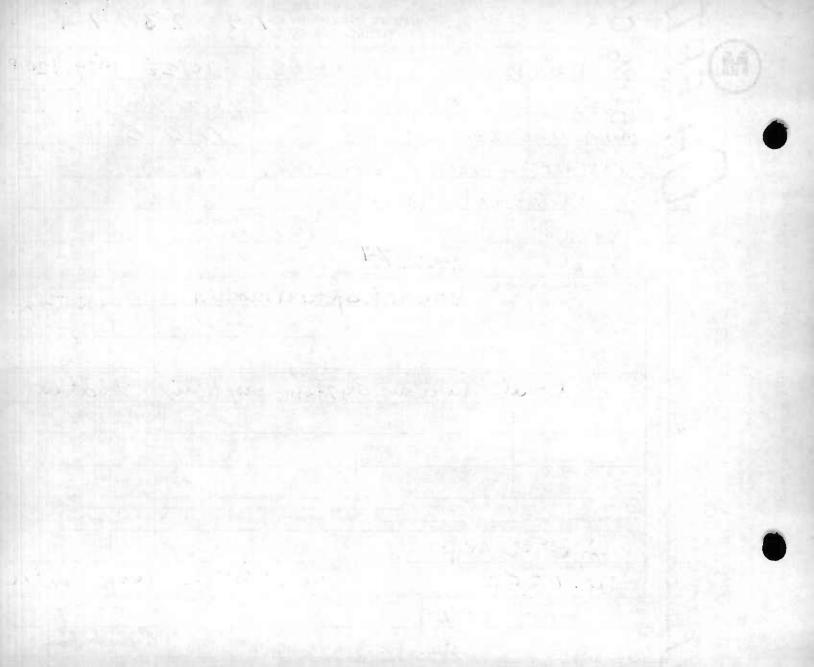


6 10	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 7 7 7	
10 10	1.	- STATE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR	
		DECEASED NAME FIRST MIDOLE LAST 20. DATE KNOWN MONTH DAY YEAR (TYPE OR PRINT)	26. HOUR
SE. S.S. S. T.	1	VICTOR A. PAR CLLA DEATH MATED 10 141079	W M
LEASE CTOR FILES HOURS	3. SE	SEX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR	2d. HOUR
S 3		17ALE WHITE 1 11 1913 66 YRS. DEAD 10 14 1979	PM
LEASE DECTOR. FILES. WITH 72 HOURS PRESTON STREET,	70 1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OF COUNTY OF DEATH	
	n	NASH. D.C. U.S.A. WIDOWED   HAVE ARUNDEL	MD.
LAY IS O THE P PAGE E FILED, V	110 0	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSING HOPE OF WORK 12b. KIND OF BU	NESS
DELAY N PAGE FILE	12	LEW BURNIE KORIN HRUNDEL HUSPITOL CAB DRIVER TAXI	
. IF ANY DELA PART AND 3 TO SHOULD BE I	13a	TUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISTATE  136. COUNTY  137. CITY OR TOWN  138. STREET ADDRESS	/
SHOOT SHOOT	4	Md. VANNE ARUNDELIGLEN BURNIE YES NO 1 328 HIGHLAND DR. #	-104
W HE WAS	10	FATHER'S NAME FIRST MIDDLE CAST / D LAST / D LAS	11
MORE, FTER DE FORM ON OF	1 160.	WAS DECEASED EVER IN U.S. ARMED FORCES?      160. SOCIAL SECURITY NO. 17 INFORMANT  ADDRESS  ADDRESS	77 ~
	4	(YES, NO, ORUNKNOWN) (IF YES, GIVE WAR OR DAJES) STY-09-0120 HARRY A. PARELLA SE, W	in st
BALT, BALT, BALT, PALT	F	18 CALISE OF DEATH (Enter only one cours one life to (a) (b) and (a):	WEHVAIL
ON ST., I		PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	HIANDON
0		4149 (DUE TO, OR AS A CONSEQUENCE)	
AL HES		Conditions, if ony, which gove rise to immediate (b)	
W. A.		cause (o) stoting the <u>under-</u> lying cause last.  DUE TO, OR AS A CONSEQUENCE OF	
CUTE IN P URIAL		(c)	
L RECORDS, 301 W. PREST  UUD BE EXECUTED WITHIN  F. PREDIDING" IN PENCIL IN  F. PREDIDING" IN PENCIL IN  F. PREDIDING IN PENCIL IN  F. PREDIDING IN PENCIL IN  F. PREDIDING IN PENCIN IN  CREMATION, OR REMOVAIN	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
ECOR D BE I ENDIN MED AS	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 170. AUTOPSY?	33/0
TALRE HOULD NO WEE WEE WEE WEE WEE WEE WEE WEE WEE WE	1 5	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
N S S S S S	1 2	YES 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	NO D
NOF FICATE THE W OULD TO BU			
DIVISION S CERTIFIC RITING TH RDED TO F 3 SHOU E DEPARTY PRIOR TO	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION	
DIVIS HIS CER WRITING WRITING WRITING GE 3 S VIE DEF	¥	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY	STATE
PA STA			
EXAMINER: CERTIFICATE ULD BE FOI DIRECTOR: WITH THE S		27a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Accident , Accident , Suicide , Homicide , Undetermined manner ,	
EXAMINICERTIFICATION BE FOUND		TITLE (SPECIFY)	1
MAN WAY		SIGNATURE M.D. Beps & G MEDICAL EXAMINER SIGNED 19/14/1	79
DIC.	7	EXAMINER'S NAME F1. 6-51+	
TO MEDICAL E FEXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH,	7	(TYPE OR PRINT) ADDRESS HANDELD IN	
PATCA	23a.	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. JOCATION COUNTY STAT	E
BP	74	BURIAL 10-19-1979 F.T. LINCOLN CEPY- BRENJUOOD, POS. M.	30
DHMH - 17 (VR A15 ME (5))		W.W. CHAMBERS CO. WASH, D.C.	
15M 7/77		14. W. CHILIPLE CO. WHOM. D.C.	

WHEN THE RESERVE WAS A STREET OF THE STREET STREET Asserting the Control of the Control The property of the state of th AND THOUGHT TO SEE THE SECOND OF THE PARTY O LES STATES TO THE PROPERTY OF 

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				ATE OF MARYLAND			tā hēg	. 1
~	1.	FOR STATE REGISTRAR	DEPARTMENT OF	HEALTH AND MENTAL HY	REG	23	/ /	9
(M)		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH C	AY YEAR	26 HOUR
	3 SE	X VAVI)	CE S. DAT	E OF BIRTH	6 AGE (IN YEARS LAST	L 6/	IF UNDER 1 YEAR	IF UNDER 24 HRS
7 11		MALE N	ITC MD	NTH DAY YEAR			MONTHS DAYS	HOURS MIN.
1 1 199		IRTHPLACE (STATE OR FOREIGN 75 CIT	011/ 11000	RIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	7	
9 11 1	10 C	ITY OR TOWN OF DEATH 11. N	AME OF HOSPITAL, NURSING HOM NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUP	ATION	12b KIND O	F BUSINESS OF
1 104	CI	AL RESIDENCE I IF NURSING HOME OR OTHER I	OWNSUILLE HO				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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plet ty	14. F/	ATHER'S NAME FIRST MIDDLE	LAST	15. MOTHER'S MAIDEN NA			LAST	r
E O	160	VANDUN NAS DECEASED EVER IN U.S. ARMED F	ORCES? 166 SOCIAL SECURITY NO.	UNE NO		ORESS		
Poges	- (	YES, NO OR LINKNOWN) (IF YES, GIVE WAR OF						
ysicio opers ovol. nt, the		18 CAUSE OF DEATH Enter only one PART I. DEATH WAS CAUSED BY:	couse per line far tot, (b), and ic		4 . \ -		APPROXI BETWEEN C	MATE INTERVAL
ng ph bonp		11 V 5 IMMEDIATE CAU	SE (O) BRONCH	opheun	wina		GNO	Week
ttendi ve cor ion, p	1	Conditions, if ony, which	UE TO, OR AS A CONSEQUENCE OF					
by the a ose remail, cremail		gave rise to immediate	UE TO, OR AS A CONSEQUENCE OF					
n signed Then plec To burial	NO	PART 2 OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEASE OR CO	SUDITION GIV	reat	ted
on. t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION 15	CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	YES NOT	IN CERTIF	, WERE FINDIN YING CAUSES	
hysici hysici Hygi Hygi 18 sh			b. TIME OF INJURY HOUR A.M. MONTH DAY YEA	R 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF II	JURY IN ITEM 18, PA	ART I OR PART 2)	
ding p is certif buriol- Mentol or Hem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P,M. 19 8. PLACE OF INJURY	211 LOCATION				
otten er thi s the l	ME		THOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR	NWOI	COUNTY	STATE
R: Aff		220.1 certify that (1) (this haspital) att		, 19	, to	· · · · · · · · · · · · · · · · · · ·		that (I) (we) los
RECTO red for rpt. of h		saw the deceosed alive an obove, (1) (we) (did) (did not) view	the body ofter deoth.	ond that in (my) (our) apinian	deoth accurred on the	date and hour		
He Dock		226. SIGNATURE A DIET	mb.	DEGREE ATTENDING PHYSICIAN [	MEDICAL S	TAFF SICIAN [	22c. DATE	SIGNED
to Funeral by the should be dei with the Store		122d. PHYSICIAN'S NAME (TYPE OR PRINT)	R	Crown	Sville	ho:	sp c	ente
	23a.	SPECIFY)		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP	24 F	Remova 1	11/15/79	25o. DA1	TE REC'D. BY REGISTR	AR 25b. POSIST	RAR'S SIGNATI	URE
MH - 16 60M 1/75 (VR A 15 (4))		Anatomy Board	Balto., Md.	NO	V2 0 1979		my Maly	



	1	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGITHE 9 2 3 7 7 5  CERTIFICATE OF DEATH  REG. NO.
boge 3			CEASED NAME POSETE	NINGINIA PINDELL 10/11/79 2 TO HOUR 2 TO AGE IN YEARS LAST RETRICATED IN THE REAL OF DEATH MONTH BIAY YEAR TO HOUR 24 HER.
director,	.:	Za Ri	RTHPLACE ISTATE OFFOREIGN 7h	CITIZEN OF WHAT COUNTRY?
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0 70	200	1	NNAPOLIS	AS NOT IN SUCH FACILITY, GIVE TREET (DDRESS)  THE CONTROL OF WORK FOR MOST OF VORKING LIFE) INDUSTRY  AUN OF ST
n 24 hours filled in by nould be file	4 3	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR OT TATE 13b COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  134 LITY OR TOWN;  134 INSIDE CITY LIMITS?  135 STREET ADDRESS  THERET ADDRESS  THERET ADDRESS
ed within 24 impletely filled and 2 should	Nomine 121	14. 84	JOSEB A MID	DOLE HALL ELA MODIE BOT TISSELS
e execut	the medical.	Ión V	VAS DECEASED EVER IN U.S. ARME (ES, U.GRUHKNOWN) (IFYES, GIVE W.	ANDRESS 146 SOCIAL SECURITY NO. 17 INFORMANT PLACES SAMPASS
s that the death certific ed by the attending ph alease remove carbon p	njury, or other troumatic event,	NO	PART 2 OTHER SIGNIFICANT CO	BY heatest later of Could Come + 1 years
law re os beer sermit	shows ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
physic physic tificate ol-trans	Hem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19
IG PHYSIC ottending ter this cer s the burio	morked or it	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION  STREET  CITY OR TOWN  COUNTY  STATE
TTEND pital or TOR A for use of Heal	Hem 21 is mo		220.1 certify that (1) (this haspital saw the deceased alive on (1) (we) (did) (did not)	19 7a , and that IA (my) (purposition death occurred on the date and hour and from the causes stated
by the	MPORTANT # #		224. PHYSICIAN'S NAME (TYPE OR PA	en (com) ATTENDING MEDICAL STAFF 10-11-79
TO HOSP retoined TO FUNE should be with the	<u>M</u>	2300	URIAL CREMATION, REMOVAL	23b. DATE 231 MAME OF CEMETERY OF CREMATORY 23d LOCATION COUNTY A SIGNEY
BP		D	NERAL DIRECTORY	10-15-79 FOW Lets Best SATE FOR MC
(VRA 15, 4) 7	//78	600	in 1/1/1/1	3" /1/1/1/ 06/2 4 19/9 progray/20 Grandy

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	1 -	FOR STATE REGISTRAR			DEPART		ICATE OF D	MENTAL HYG DEATH		2 . EG.,NO.	5 /	/	1	
		CEASED NAME	FIRST		MIDDLE	L.	AST		20 DATE OF DE	ATH MONTH	DAY Y	YEAR	26 HO	UR
	,,,,,,	SAT KING!	EUN	ICE Cam	neron	f	RANKI	N		10	25	79	2	151
	3 SEX	X		4 RACE		5 DATE C		YEAR	& AGE (IN YEARS I	AST BIRTHDAY)	IF UNDER	DAYS	IF UNDE	R 24 HRS
		Female		whi.	te	Dec	20	1916	62	YR	MONTHS	DAYS	HOURS	WIN
-4	7a BI	RTHPLACE ISTATE OR FOI	REIGN	17	WHAT COUNTRY	? & MARRIE!	NEVER A	AARRIED 🗆	9 BALTIMORE		NTY OF DEA	ATH		
f.	I	1.6.		" U.	S.A.	WIDOWE		VORCED	Anne Ar	unde1				M
18.7		napolis	TH	(IF NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREE Arundel				120 USUAL OCC (TYPE OF WORK FOR Homem	MOST OF WORKIN		KIND OF USTRY HO		ESS OR
5	130 S	AL RESIDENCE (# NURSII STATE Id.	NG HOME OR 13b COUN Ann	ITY	13c. CITY OR TOV	RE ADMISSION)	134 INSIDE C		1.527 S		ew R		41	
		THER'S NAME		AIDDLE	LAST			MAIDEN NAM		DDLE	SALE:	LAST		
2	W	illiam			Dunca	n	Mabe	1				Du		
)	0	VAS DECEASED EVER I (ES. NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SEC 577-18-		HINFORMA (Same	oseph as 13	E. Ranl	ADDRESS (1n				
	TION	Conditions, if any, gave rise to imm cause (a), stating underlying cause	which ediate at last	DUE TO, OI  DUE TO, OI  LED  DUE TO, OI  LED  ONDITIONS CC	R AS A CONSEOU	JENCE OF					GIVEN IN PA		NSET AN	D DEATH
2	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFO	RMED	YES NO		YES, WERE RTIFYING CA			TH?
7	MEDICAL CER	218. ACCIDENT WAS UNDE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	LEXAMINER)	P.,	M. MONTH E	DAY YEAR			RED LENTER NATURE	OF INJURY IN ITEM	18, PART I OR P.	ART 2)		
	MED	21d. INJURY OCCURRI WHILE NOT WHI AT WORK AT WOR	ILE [	21s PLACE ( LAT HOME, STR	OF INJURY REET, FACTORY, OFFICE,	, FARM, ETC.)	211 LOCATIO STREET	ON .	10/	ORTOWN	COUN	1TY	5	STATE
		220 1 certify that (1) ( saw the decease abave, (1) (4)	d alive an	10/25	deceased fram.	or	d that in (my)	(our) opinian o	death accurred on	the date and	haur and fro		hat (les	e) las
		226. SIGNATURE	2/1	hot	,		DEGREE				224.	DATE S	IGNED	
		17	100	MAN	~	_	î	TTENDING	MEDICAL DIRECTOR .	STAFF HYSICIAN		10/	25/	79
		Stanley					12 Ca		al Ave	, Ann	apo1	is,	Md	
	03. 0	USIAL COSTALLINGS		FORESANT	Lan	NA.115.05.C			Tax LOCATIO	N .				

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

Puneral Director Robert A. Pumphrey Funeral
Homes, P.A., Bethesda, Md.

Bladensburg

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE.

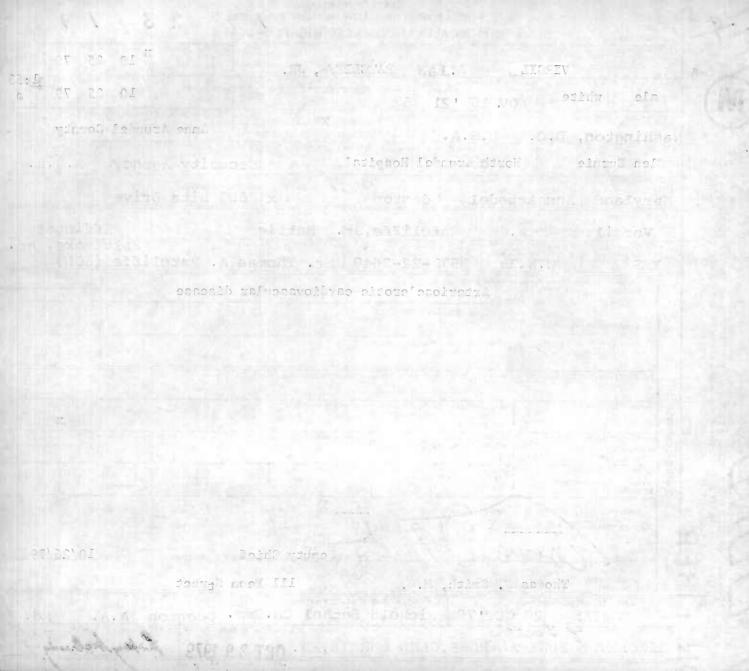
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Catonsville, Md.

MacNabb Funeral Home

(VRA 15, 4) 1/79

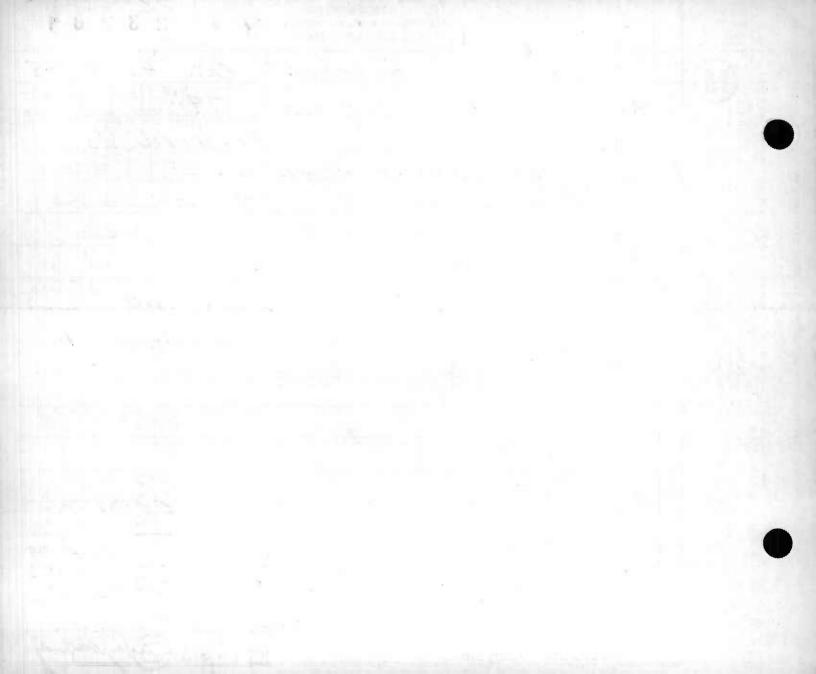
CHARLES ANDREW RAPROWIER OCTOBER 7, 1979 1:55 GLEN BURNIE - MORTH ARUNDEL HOSPITAL 1404 CRAIN HIGHMAY, SULTE 100 GLEN PURNIE, PARYLAND 21061 HARI M. SHASIR, M.D.



	I. DE	CEASED NAME FIRST	MIDDLE		AST	REG. NO.	ONTH DAY	YEAR	26 HOUR
		E OR PRINT)	ZABETH T.	RETNI	HOLDT	October 24,			5:30
	3 SE		I RACE	S. DATE C		AGE (IN YEARS LAST BIRTHO		OER I YEAR	IF UNDER 24
		Female	White	Api	.16°,190'8"	71	YRS.	HS DAYS	HOURS
2		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8		1 BALTIMORE CITY OR		DEATH	
25	N	Maryland	U.S.	WIDOWE	D NEVER MARRIED DIONORCED D	Anne Arun	del Co	untv.	
54		Glen Burnie	11. NAME OF HOSPITAL, NURS IN NOT IN SUCH FACILITY, GIVE STREE North Arunde	ING HOME (	OR OTHER INSTITUTION	12. USUAL OCCUPATION	v 1	26. KIND O NDUSTRY	F BUSINES
35	USU. 13a :	STATE 136, COU	NOTHER INSTITUTION, GIVE RESIDENCE BEFORM TO BALLO	ORE ADMISSION)	134 INSIDE CITY LIMITS?	130. STREET APPRESS	ney Av	enue	
30	)4. F/	ATHER'S NAME FIRST	NKNOWN LAST		15 MOTHER'S MAIDEN NA. Mary	ol'ivia	a	Cox	,
2		WAS DECEASED EVER IN U.S. AF	/E WAR OR DATES)		IT D'Arcy (	414 Phi			٠,
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shows any injury, or other trai	TIFICATION	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	UENCE OF	Rt hear	20a AUTOPSY? 2	TION GIVEN II  206 IF YES, WE IN CERTIFY INC	ERE FINDING CAUSES	GS USED
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dearm Poureral di hin 72 hoi	7 Wa	IRTHPLACE (STATE OR FOREIGN OUNTRY) Ashington DC	US		MARRIEI WIDOWE	D DNORCED	Hune HEU	ndel	(6.	MD
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duo 5	6	ATHER'S NAME FIRST Edward E	WIDOLE	Richard		Grace	MIDOLE		otter	
S. Pages	160	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN)   1 IF YES, GN	RMED FORCES?	578 14		Thelma E 1	Richardson	-	ne as	#13
r signed by the attending physici Then please remove carbonpapper to burial, cremation, or removal, njury, or other traumatic event, th	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	(b)_ DUE TO, (c)_	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TEI	RMINAL DISEASE OR COM	IDITION GIVER	N IN PART 1(a	,
has been to permit.	CERTIFICATION	190 DATE OF OPERATION	19b. CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
this certificate he burial-transit pad Mental Hygiel	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETTHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	ATH HOUR A	OF INJURY  A.M. MONTH DA  P.M.  OF INJURY  TREET, FACTORY, OFFICE, F	19	211 LOCATION STREET	PRED TENTER NATURE OF INJU		COUNTY	STATE
RAL DIRECTOR. After a detached for use as if sate Dept of Health a NUT: If Hem 21 is market		WHILE AT WORK AT WORK  270. I certify that (1) this hosp saw the deceased alive or above 10 we) (did) (and not be saw that URE)  220. SIGNATURE	view the bod	he deceased from	10 - 3 79 , an	d that in (our) opinic DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	FF		
TO FUNE should be with the	23a	GMIRAL CREMATION PENOVAL	-hell	(M)	IAME OF C	16161	FORSE 16	H. AV.	nyalis	mi
ВР		Burial UNERAL DIRECTOR FOR	10-8-		dar E	Hill Cemete	CITY OR TOWN	and	Maryl	
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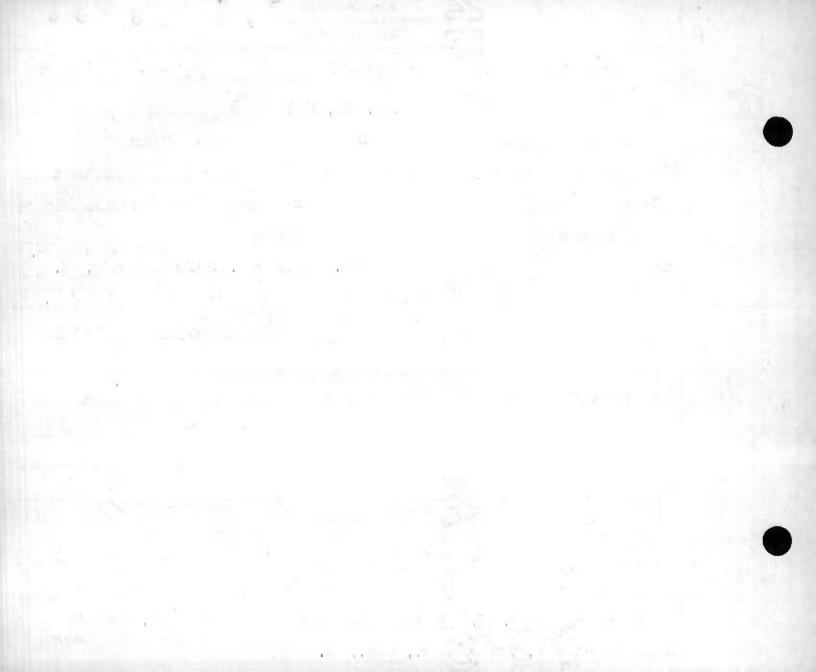


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN ANNTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 11/201 6. AGE (IN YEARS | IF UNDER 1 YR. 2d. HOUR SEX DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 48 7a BIRTHPLACE (STATE OR WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED laruland WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION A 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS EOR MOST OF WORKING LIFE) 13e. STREET ADDRESS Anne Arunde astern Rd NO X MIDDLE MIDDLE OF 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION YES NO, OR UNKNOWN) ( IF YEG. GIVE WAR OR DATES) Mrs. Noreen E. Riddle Same as #1 Konean 18. CAUSE OF DEATH (Enter anly ane couse per tine) for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 10 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a I certify that I took charge af the remains described above, held on Autopsy and in my opinion deoth resulted from: Homicide Undetermined monner PAGE 4 SHOU TO FUNERAL I MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE Maryland Veterans Prince yearne. Md. BP\_ 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) F.H. Mtn. & Tick Neck Rds. ; Pasadena, Md. 15M7/77

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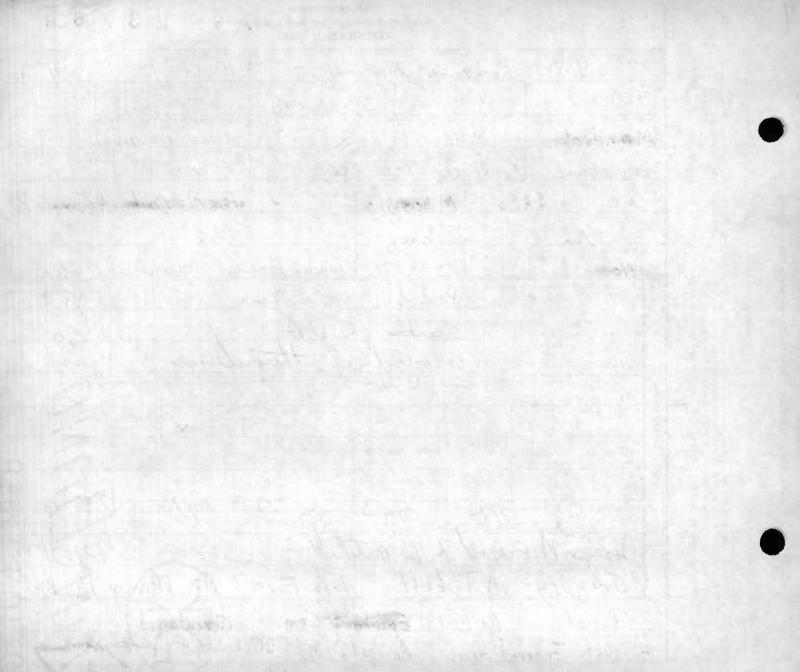
STATE OF MARYLAND

FOR



2 3 7 DEPARTMENT OF HEALTH AND MENTAL HYGYENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH DAY 26 HOUR (TYPE OR PRINT) .16 therine AM 6 AGE (IN YEARS LAST BIRTHDAY) FEMAS 25-1891 MONTHS DAYS 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED NEVER MARRIED ANNE HRUNDEL DIVORCED CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST-OF WORKING LIFE) ROWNSUILLE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? MD, 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST BALTIMORE. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) 7201 ARMAT DR. BETHESDA, 18 CAUSE OF DEATH Enter only one couse per li PART I. DEATH WAS CAUSED BY: PRESTON ST., IMMEDIATE CAUSE Conditions," if ony, which gove rise to immediate couse (o), stoting the 201 W. underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN DIVISION OF VITAL RECORDS, CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [ NO F 71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) F.M 21d. INJURY OCCURRED THE PLACE OF INJURY TH LOCATION b AT HOME, STREET, FACTORY, OFFICE PARM, ETC.) CITY OF TOWN COUNTY NOT WHILE WHILE AT WORK AT WORK 77s.1 certify that (1) (1) haspital majoring the deceased from ur lippinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED TTENDING FUNERAL PHYSICIAN MPORTANT: PHYSICIAN the the 0 230 BURIAL CREMA TON, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY ms BP 24. FUNERAL DIRECTOR ISTRAR 256. RECOSTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VR A 15 (4))

STATE OF MARYLAND

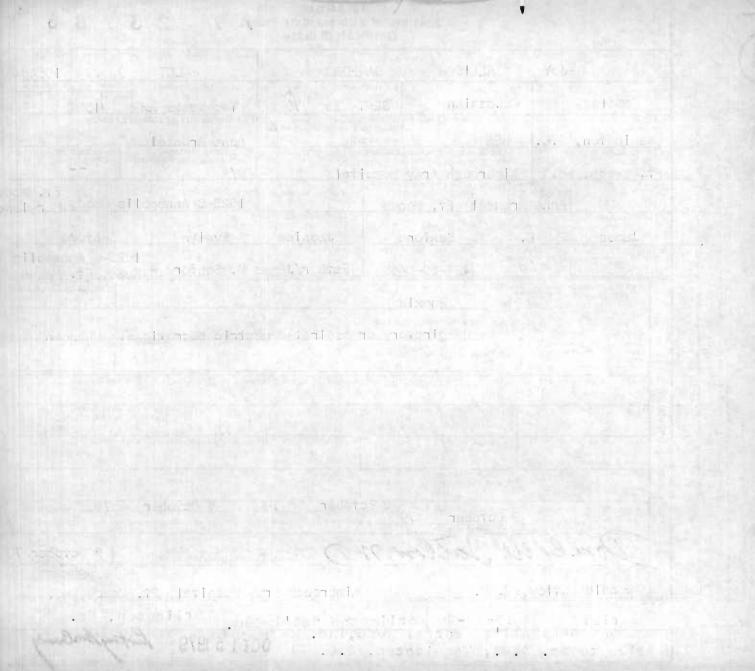


DEPARTMENT OF HEALTH AND MENTAL HYGIENED - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) HALL DEATH MATED 4. RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER DATE LAST BIRTHDAY) PRONOUNCED 12 59 To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED IN NEVER MARRIED DIVORCED ennessee TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FORMOST OF WORKING LIFE) 3. RETAIN P SHOULD BE I PECORDS. Glen Burnie 410 Arbor Drive 13a STATE 13b. COUNTY Md. NOX PAGES 1 AND 2 S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Rucker Edda MIDDLE Coffey Thomas 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. **ADDRESS** Yes, no, or unknown) 410-64-3876 Lisabeth Rucker, wife, same as 13 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c). HYGIENE, D N ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE TO DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) SED AS A HEALTH A CREMATIO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL YES [ 3 SHOULD BE DEPARTMENT BE 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 2 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK COUNTY 270. I certify that Hook charge of the remains described above, held an Autopsy and in my apinian death resulted fram Accident Suicide atural causes Hamicide Undetermined manner TITLE (SPECIFY) DEATH Rucker Family Cem. Rutledge, Tenn. BP. 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. RESISTRAR'S SIGNATURE **DHMH-17** James S. Kirkley, Glen Burnie, Md. (VR A15 ME (5) 15M 7/77

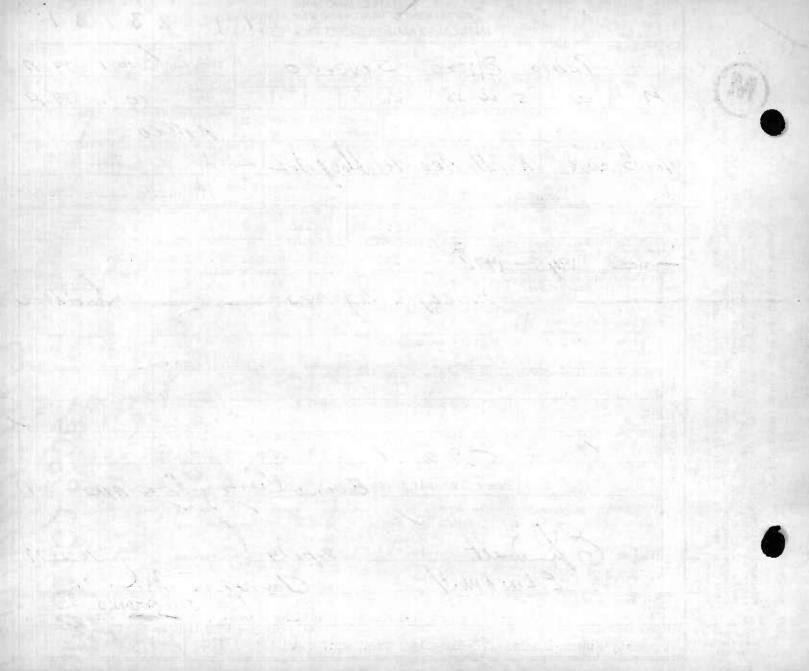
STATE OF MARYLAND

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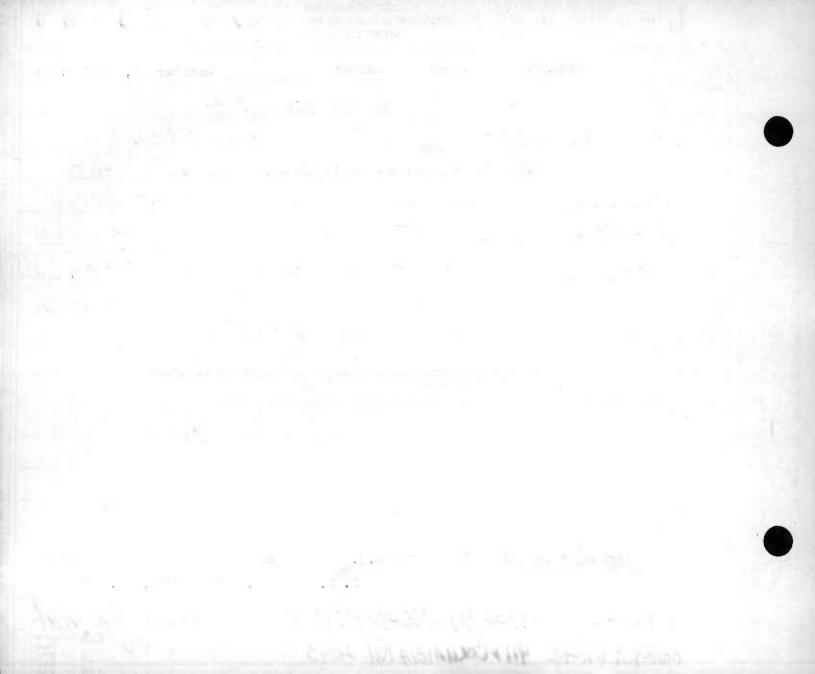
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		CEASED NAME FIRS		MIDDLE		AST	26 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
200		10	Υ Α	ILLISON	SAI	NFORD		CT 9	-	1954рм
	3. SE.		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
		Female	Cauc	asian	SEP	T 25 79	Two week	S XXXs.	15	
	7a Bi	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN	OF WHAT COUNTRY?	8 MARRIE	NEVER MARRIED X	9 BALTIMORE CITY C	R COUNTY O	FDEATH	
47		shington, D.			WIDOWE	D DIVORCED	Anne Arun			MD.
21	10 C	TY OR TOWN OF DEATH		OF HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND C	OF BUSINESS OR
	F	. Meade, Md.		rough Army		ital	N/A		-	-
25	USU, 13a S		OUNTY	13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			Ft.Mead
20			ne Arunc	de Ft. Me	ade	YES NO 1	1825-C An	napolis	Road	Marylan
	14. FA	THER'S NAME FIRST	MIDDLE	LAST		FIRST	MIDDLE		LA:	ST
0.27		James	D.	Sanfor		Jeanine	Evelyn		Sanfo	rd
1		VAS DECEASED EVER IN U.S	S, GIVE WAR OR DATE:	S? 166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRI	182	25-C A	nnapolis
		no	n/a	424-80-0	469	Father/Jam	es D. Sanfor	d - Roa	d Ft	- Moado
ws any injury, or oth	CERTIFICATION	PART 2 OTHER SIGNIFICA	INT CONDITION	S CONTRIBUTING TO S  ONDITION FOR WHICH			200 AUTOPSY?	20b. IF YES, V	WERE FINDI	NGS USED OF DEATH?
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7		OR CONTRIBUTING CAUSE (	OF OCKIN	R A.M. MONTH DA						
	MEDICAL	21d INJURY OCCURRED  WHILE AT WORK	21e PLA	P.M. ACE OF INJURY AE, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
		220.1 certify that (I) (this	hospital) attende	tober 1979	3	ctober 19 /				that (I) (we) last
ZE		above (1) (we) (did) (d					on death occurred on the d	ote and hour a		
1 1	(	176. SIGNATURE	IW.	Sotlor	V, 2	ATTENDING PHYSICIAN		FF CIAN []	9 Oc	ctober 79
4	-	224. PHYSICIAN'S NAME (	YPE OR PRINT)			22e ADDRESS	2-32-11-14			
		Donald Dat	low, M.	D.		Kimbrough A	rmy Hospital	Ft. M	leade.	Md
	23a	BURIAL, CREMATION, REMO				EMETERY OR CREMATOR	23d LOCATION CITY OR TOWN 1		DUNTY VI	STATE
		Burial	10.	-12-79 A	rling	ton Nat'l	CGIII.	44		•
	24. F	JNERAL DIRECTOR 1141	. N.W.	, Washing	ton,	D.C. 250. D	OCT 1 5 1979	25b. RESERVE	my /m	Busy



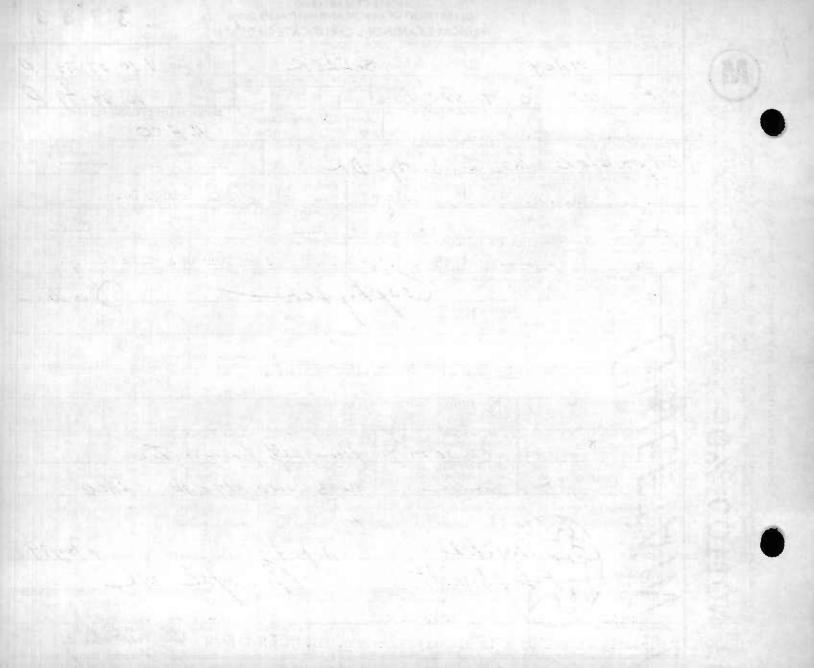
	Ttems 21c, 21d, 21e G537 STATE OF MARYLAND  FOR STATE 11/5/79 dad  AFRICAL EVALUATION OF HEALTH AND MENTAL HYGIENES 2 3 7 8 7	
-		HOUR
	SEX 1. RACE 5. DATE OF BIRTH HONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEATH MATED 1979 1	M HOUR
Z ( n . 2 -	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  1 Antonio Texas  16. CITIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED 9. BALTIMORE CITY OR COUNTY OF DEATH  WIDOWED DIVORCED 7. BALTIMORE CITY OR COUNTY OF DEATH  WIDOWED DIVORCED 7. BALTIMORE CITY OR COUNTY OF DEATH  MARRIED DIVORCED 7. BALTIMORE CITY OR COUNTY OF DEATH  MARRIED DIVORCED 7. BALTIMORE CITY OR COUNTY OF DEATH	MD.
DELAY IS 3 TO THE N PAGE 05-301 V	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (15 NOT IN SUCH A PILLTY, GRY STREET ADDRESS!  UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GRY RESIDENCE BEFORE ADMISSION)  12.0. USUAL OCCUPATION (TYPE OF WORK IN DE SINE)  FOR MOST OF WORKING LIFE)	S
21201 F ANY DI F AND 31. SHOULD B RECORD	STATE 136. COUNTY A.A. Co. 13c CITY OR TOWN YES NOTE 136. STREET APPRESS Autumn Valley Ln. Gar	nb.
E, MD.	FATHER'S NAME FIRST  Elix  Saucedo Sr.  Saucedo Sr.  Saucedo Sr.  Saucedo Sr.  Anita  Modite  Chapa	
", BALTIMORE, MD. 21 DURS AFTER DEATH. IF 8. GIVE PAGES 1, 2, WITH FORM PM 3. II. PAGES 1 AND 2 SH DIVISION OF VITAL	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  10 10 117. INFORMANT ADDRESS  Felix Saucedo Sr. same as 13e.	
301 W. PRESTON ST., B. CUTED WITHIN 24 HOUR IN PENCIL IN ITEM 18. ( E KAMINER ALONG W SHAL-TRANSIT PERMIT. P ID MENTAL HYGIENE, DIN J. OR REMOVAL.	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate  (b)	CAL DEATH
AL RECORDS, 301 W.  OLID BE EXECUTED V  S'PENDING" IN PEN  INEF MEDICAL EXAMI  SED AS A BURRAL-IR  SED AS A BURRAL-IR  SED AS A BURRAL-IR  CREMATION, OR REI  COMMAND AND MEN  CREMATION, OR REI  SED AND MEN  COMMAND  COMMAND	PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
OF VITAL RECORD: ATE SHOULD BE EX E WORD "PENDING THE CHIEF MEDIC, TO BE USED AS A BURNAL, CREMATIO	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTOPSY?  YES \( \subseteq \text{NO} \)	<u> </u>
DIVISION OF VITAL RECORDS, 301 IS CERTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN P RDED TO THE CHIEF MEDICAL EX, 32 SHOULD BE USED AS A BURIAL FE DEPARTMENT OF HEALTH AND M 11 PRIOR TO BURIAL, CREMATION, OR	196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  216. INJURY OCCURRED  216. PLACE OF INJURY (AT HOME. VIHILE OF INJURY (AT HOME. VIHILE OF INJURY OCCURRED)  216. PLACE OF INJURY (AT HOME. VIHILE OF INJURY OCCURRED)  216. PLACE OF INJURY (AT HOME. VIHILE OF INJURY OCCURRED)  216. PLACE OF INJURY (AT HOME. VIHILE OF INJURY OCCURRED)  216. PLACE OF INJURY (AT HOME. VIHILE OF INJURY OCCURRED)  216. PLACE OF INJURY (AT HOME. VIHILE OF INJURY OCCURRED)  217. AUTOPSY?  YES ON OCCURRED  218. TOWN INJURY OCCURRED  219. COUNTY STREET OCCURRED  210. AUTOPSY?  YES ON OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  210. AUTOPSY?  YES ON OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  216. TOWN INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  217. LOCATION  218. TOWN INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  218. TOWN INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  219. TOWN INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  216. TOWN INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  217. LOCATION  218. TOWN INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  219. TOWN INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
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XAM. ERTIFIED BECOMITH	deoth resulted from: Matural rouses, Accident, Suicide, Hamicide, Undetermined manner,  TITLE (SPECIFY).  SIGNATURE	F_
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNEMAL TO FUNEMAL BALTIMORE, MA	EXAMINER'S NAME F. LIN HIMMEN. ADDRESS Changels Inc.	
BP	BURIAL CREMATION, REMOVAL 736. DATE 736. NAME OF CEMETERY OR CREMATORY 136. CCATION CHTORTOWN FUNCTION TOWN FOR THE STATE 10/3/79 Ft Snm Houston National Cem. 1236. DATE REC'D BY REGISTRAR 1216.	16
DHMH - 17 (VR A15 ME (5)) 15M7/77	FUNERAL DIRECTOR  NAME Hardesty Funeral Home ADDRESS Ridgely Ave. Ann. 1/100072 1979	

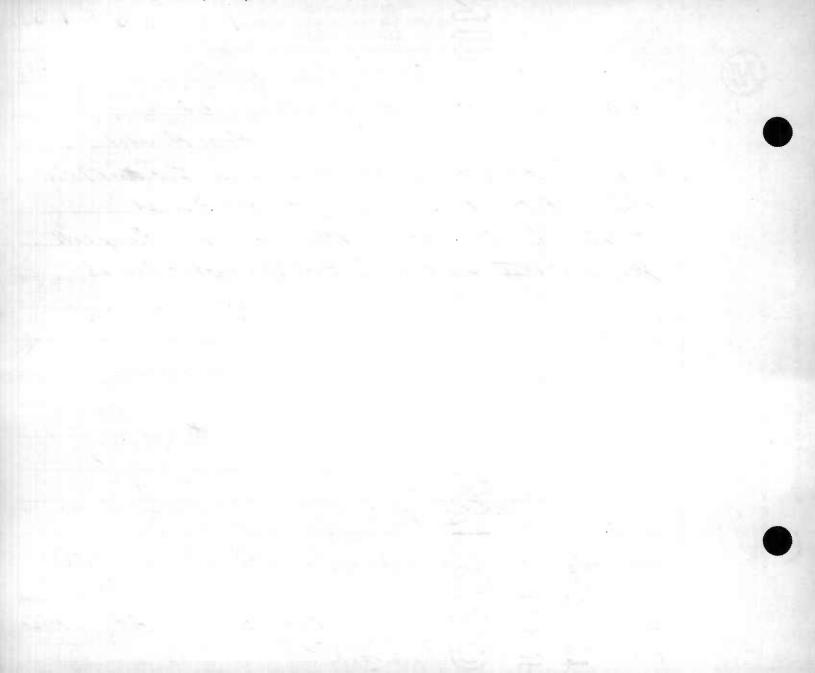


STATE OF MARYLAND



/			FOR STATE		EPARTMENT OF	HEALTH	AND MENTAL H	/ 7	2 3	1 8	9
Or	-		REGISTRAR			IER'S C	ERTIFICATE C		REG. NO.		
V	(		CEASED NAME FIRST		WIDDLE		LAST	2a. DATE OF	KNOWN MONT	TH DAY YEAR	26. HOUR
			MAR			-	TZER	DEATH	MATED 10	29 1979	PM
	( Party	3. SE)	4 RACE	5. DATE OF BIRTH MONTH DAY	6. AGE (IN YE	ARS IF UN	DER 1 YR. IF UNDER	MIN PRONOU	MONTH	H DAY YEAR	2d. HOUR
	190.3		FW		38 41 Y	RS.	DA13 HOOKS	DEAD	10	29 79	M
	PEST OF THE		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHA	AT COUNTRY?	8. MARRI	ED NEVER MARR	IED 7. BALTIN	MORE CITY OR COU	NTY OF DEATH	
	西京のままして		Mitchellville M	d. USA		WIDOW			1. A.CO		MD.
	AV IS THE PAGE	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPI	ITAL, NURSING HOMI	, OR OTH	ER INSTITUTION	120. USUAL OCCU	PATION (TYPE OF WOR	OR INDUST	USINESS
	\$0\$#\$0C		GRIVATEK	1603 60	mhrida	e D.	K	FOR MOST OF WOR	ewife		IK)
_	1. IF ANY DE 2, AND 3 TO 3. RETAIN P SHOULD B- 1. RECORDS	USU A	TATE 136. COUNT	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADAISS	ION	13d. INSIDE CITY LIMITS?	In CAREER ADDRES			
2120	AND		id. A.G.C		Edgewate		YES X NO .	1603 Cam	bridge Rd		
D. 2			THER'S NAME				15. MOTHER'S MAIDE	EN NAME			
×		An	thur	MIDDLE	Hagan		Ethel	N	AIDDLE	Clark	2
ORG	~ - ~ ~ 1	16g. V	VAS DECEASED EVER IN U.S. ARM		166. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRESS		
M.	AFT VE B H FG GES SION	(4)	ES, NO, OR UNKNOWN) (IF YES, GIVE V	/AR OR DATES)	216-36-17	26	Thomas C.	Seltzer	Jr. same	as 13e.	
BA	24 HOURS AFTER TEM 18. GIVE PAONG WITH FOI ERMIT, PAGES 1 IENE, DIVISION		18 CAUSE OF DEATH (Enter anily	v one couse per line to			THOMAS C.	0010101		-	E MITERYAL
ST.,	ERMIT,		PART I DEATH WAS CAUSED	BY:	37 (d), (b), da (c)	nl.	1111		/	SCIPTEN ONES	E MITERVAL
NO			953 MMEDIATI	E CAUSE (a)	S A CONSEQUENCE	OF A	year		-	Sura	en
PRESTON	ITHIN IL IN IER A NSIT IL HY		Canditians, if any, which			0					
, A	SUZAAA	.00	gave rise to immediate cause (a) stating the under-	DUE TO OR A	5 A CONSEQUENCE	ne.					
30 1 V	E X X X X X		lying cause last.	DOL 10, 04 A	3 W COMPENDENCE	UF.					
	XECU IG" IN CAL E BURI AND ON, C		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	T NOT DELATED TO THE TERM	INAL DICEACE	AS COUNTY ON CHIEF IN AL				
RECORDS,	OULD BE EXECU "PENDING" IN HEF MEDICAL BISED AS A BUR F HEALTH AND C CREMATION, C	Z	TAN E ONE SOM TEXAL COMMINIONS	DATE DO DE SALLE DO	I NOT KELATED TO THE TERM	SCRECIU JAMI	OK CONDITION GIASM IN LY	KI I (a).			
REC	F W W W W W W W W W W W W W W W W W W W	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OPER	ATION W	AS PERFORMED?			ZD AUTOPSY	?
4	オロエコシュ 1	문		A DESIGN						YES 🗆	
DIVISION OF VIT	ERTIFICATE SHOUNG THE WORD ED TO THE CH 3 SHOULD BE US PEPARTMENT OF	ERT	210 EXTERNAL CAUSE WAS	216. TIME OF IT		21c. HC	W INJURY OCCURRE	D LENTER NATURE OF IN.	JURY IN ITEM 18 PART 1 OR		NO 🗆
0	FICA THE TO THE RTME	AL C	UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M.	10 29 1979	2	2. noll	///	17	, , , , , ,	
ISIO	CERTIFICATIONS TOPE 3 SHORES DEPARE	MEDICAL	21d. INJURY OCCURRED		INJURY (AT HOME.	211. LOC	CATION	promin	rque		
> 0	O E O O &	×	WHILE NOT WHILE	STREET, FACTOR		SI	TREET	CITY OR TO	WN 1	COUNTY	STATE
	F . > 0 F -		AT WORK AT WORK	Har	nl_	16	003 Cam.	priage	·IIK ·	ACO	
	FOR STEEL		220. I certify that I taak charge	af the remains descri		Autaps	y L, Inspectio	n . Inquiry	, ond in my	apinian	
-	L EXAMINE E CERTIFICA OULD BE FO U DIRECTOR H, WITH THE MARYLAND		death resulted fram:	foluses, A	Accident, Su	icide 🔼	Hamicide/	Undetermined mo	anner,		
	EXAMI CERTIF ULD BE DIREC. WITH		ACTUAL ACTUAL	5 2	1		TITLE (SPECIFY)		DE SEL		1-1
	E. W. HOLE		SIGNATURE	shall!		M.	O. Deput	MEDICAL EXAM	AINER SIGN	NED 10 /29/	17_
	EDIC JTE 14 S NINE NOE AOR	1	EXAMINER'S NAME	-/	nott		' ///	ho	1 2.11		
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, M.		(TYPE OR PRINT)	FINNA	RIT		ADDRESS	restive	S, All		
	BATPET	23a.Bl	JRIAL, CREMATION, REMOVAL 23		23c. NAME OF CE		RCREMATORY	23d. JOCATION			TATE
	BP	24.5		1/1/79	Ft. Linc	oln			twood Ceme		
	DHMH - 17 (VR A15 ME (5))		INERAL DIRECTOR Hardesty Funral	ADDRESS D	idmol ATT-	Λ		3 1 1979	AR ZIM EGISTRAR'S	SIGNATURE	
	15M 7/77		nardesty runral	nome 12 R	ragery ave	· Ann	. Ma 001	0 13/3			





IMPORTANT If them 21 is marked or flem 18 shows any injury, or other traumatic event, the medical axam

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

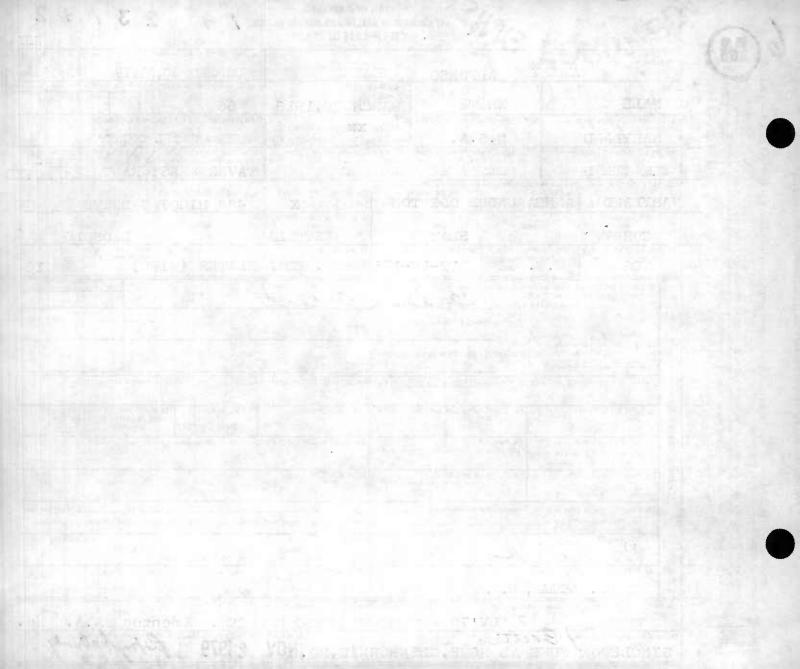
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	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
		ESTHER	Α.	SIL	GLETON	OCT 28	1979	5-50 AM
	3 SE		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	F	EMALE	CAUCASIAN	APR		69	MONTHS DAYS	HOURS MIN
		IRTHPLACE (STATE OR FOREIGN	76. CHIZEN OF WHAT COUNTRY	8	D NEVER MARRIED	9 BALTIMORE CITY OR COU		
6		MD.	USA.	WIDOWE		ANNE ARUN	DEL CO	)- MD
2	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND C	OF BUSINESS OR
20	0,1	POLLUSVILLE	FAIRFIELD ARUN		JURSING CENTER	E HOMESMAKEA		
	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	10 10 - 4 - 4 - 10 10			
35	130	STATE 1136 COUN	ARUMOEL ANNAP		13d. INSIDE CITY LIMITS?	BOX280A - WA	BOIR P.	14.74
	14 FA	ATHER'S NAME		OHI 3	15 MOTHER'S MAIDEN NA	AME		
12		1407	MIDDLE		PETIR	WIDDLE	LAS	iT.
1		VAS DECEASED EVER IN U.S. AR		URITY NO.	17 INFORMANT	700 BAJ R.	1 101	F /
1		YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		MARY LOU JOHN			
	UN				MAKY ZOUVEHU	SON ANNAPOL	APPROX	IMATE INTERVAL ONSET AND DEATH
		PART I. DE ATH WAS CAUSE	lly one cause per line for (0), b', a D BY.			111	MILL	
		IMMEDIA			monary 1	HALDI	14/1/	7-3
		9.739	DUE TO, OR AS A CONSEOL	ENCE OF			Mo	NAK
		Conditions, if any, which gave rise to immediate	(b) 1/1/888	1.)	Suse		1110	* /// ]
6		couse (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQU	JENCE OF				
			(c)					
	Z	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 10	0
-	CERTIFICATION	IN DATE OF OPERATION	196 CONDITION FOR WHICE	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?   20b. #F	YES, WERE FINDIN	NGS USED
2	IFIC	NIA		1114		IN CE	RTIFYING CAUSES	OF DEATH?
20	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	7/11	121c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	YES OR PART 2	NO 🗌
7	11 0	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	AY YEAR			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	DIC.	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	21f. LOCATION			
	ME	PI saw ton PI basw	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
91		AT WORK AT WORK				2	-2/	-
			tal) ottended the deceased from.	76-1	1979	, to /13-78	. /	that (we) last
			t view the bady after death.			death occurred on the date and		
		776. SIGNATURE	1.0	200	DEGREE	FDICAL STAFF	22t, DATE	SIGNED
		(16on/c	Micons			DIRECTOR PHYSICIAN	10-1	28-79
1		CIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS			
4		KONACO A.	PICKETT	TO Make	111 CATITE	DRM Sh B	111/2/11	MO
	230	URIAL, CREMATION, REMOVAL	13 PA/E / 20 126	NAME OF	METERY OR CREMATORY	LOCATION /	AN	Ames
4	L	Weigh -	10/3//29	H.H.	UNFS	HUNARLIS	HH	PD.
	ME FE	UNERT DIRECTOR	/ / DDRESS	1111	250.04	IF RECOUNT OF THE 25b. REC	SISTRAR'S SIGNAT	TURE
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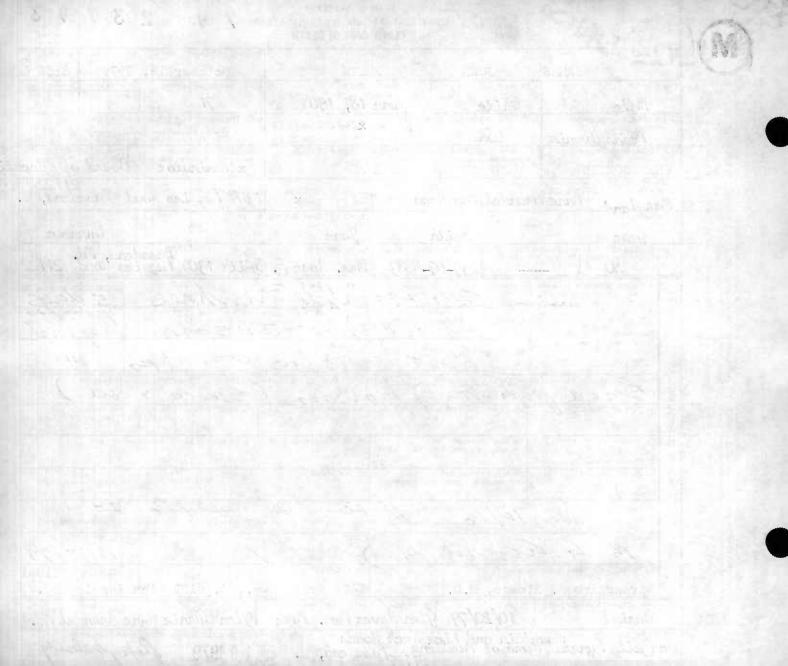
DHMH - 16 60M 1/75 (VRA 15(4))

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6		1.	FOR STATE REGISTRAR			DEPA	RTMENT	OF H	EALTH AND MENTAL HYG ICATE OF DEATH		6 5, NO.	2 3 7	9 2 EST
4			CEASED NAME FIRS	ī	,	MIDDLE		L	AST	26. DATE OF DEAT		DAY YEAR	26. HOUR
ay be	E E		AUI	DLEY		LFONSO			ATER	OCTOBE			3:15 M
ge 4 m	ctor, p. safter c	3 SE	x MALE	4 R	ACE WH	ITE	,	MONTH	CH 20,1913	6. AGE (IN YEARS LAS		MONTHS OAT	
Pa .	dire sours	7s. 8	IRTHPLACE ISTATE OF FOREIGN	76.0	CITIZEN OF	WHAT COUNT	RY? 8			1 BALTIMORE CI			
death	n 72 h		MARYLAND			5.A.	WID	OWE				COUNTY	MD.
O1 urs after	by the fed within		LEN BURNIE		(IF NOT IN SUC	HOSPITAL, NUR CHEACILITY, GIVE STI H ARUND	REET ADDRES	5)	ROTHER INSTITUTION	120 USUAL OCCU (TYPE OF WORK FOR M TAVERN	OST OF WORK	ING LIFE) INDUSTI	O OF BUSINESS OR RY SELF - EMPLOYE
ND 212	filled in uld be fill				RUNDI		FORE ADMIS		13d. INSIDE CITY LIMITS?	13e. STREET ADDRI		NS DRIV	
YLA With	shou	_	ATHER'S NAME						15. MOTHER'S MAIDEN NA	ME		DICTA	
MAR	nd 2		CORRY	MIDDI	LE	SLAT	ER		ESTELLA	MIDE	LE	LEOP	OLD
MORE,	Pages 1 and 2	16a \	WAS DECEASED EVER IN U YES 100 OR UNKNOWN) (18 YE	S. ARMED		166 SOCIAL SI 212-			17 INFORMANT 8 MRS. EDNA		ODRESS (WII	SAME A	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour	een signed by the attending phy. Then please remove carbon papo or to burial, cremation, or remo any injury, or other traumatic e	NO	Conditions, if any, whis gave rise to immedia cause (a), stating 11 underlying cause last	AUSEÓ BY EDIATE Co	DUE TO, O	R AS A CONSE	QUENCE (	OF OF	NOT RELATED TO THE TERM	IINAL DISEASE OR (	CONDITION		IOXIMATE INTERVALEN ONSEL AND DEATH
I. The lav	has b rmit. re prii	CERTIFICATION	190 DATE OF OPERATION		1% COND	ITION FOR WH	ICH ÖPER	ATIO	N WAS PERFORMED	200 AUTOPSY?	INC	IF YES, WERE FIN ERTIFYING CAUS YES	DINGS USED SES OF DEATH?
OF VITA	hysician. certificate I-transit per ntal Hygien Item 18 sh		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE I (IF EITHER, NOTIFY MEDICAL EXAM	OF DEATH	216. TIME O HOUR A. P.	M. MONTH	DAY Y	EAR	21c HOW INJURY OCCUR	RED CENTER NATURE OF	INJURY IN ITE	M 18, PART 1 OR PART 2	2)
VISION	After this of the burial th and Men marked or	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE TO AT WORK		21e PLACE		ICE, FARM, ET		211 LOCATION STREET	CITY C	RTOWN	COUNTY	STATE
END END	is a a a		22a I certify that (I) (this	haspital)	attended th	e deceased fro	ım			, to		19	_, that (I) (we) last
TTA	tal of 1	1	saw the deceased ali- above, (1) (we) (did/(d	ve on	ew the hady	ofter death	9	or	d that in (my) (aur) apinion	death occurred on t	he date an	d hour and from t	the causes stated
TALOR	hos Dept If It		m la	2	le	Site Scott.			DEGREE ATTENDING PHYSICIAN		STAFF YSICIAN [	1 44	ITE SIGNED
JSPI	INER.		THE PHYSICIAN'S NAME!		2300				22e ADDRESS 325 HO	OSPITAL DI	RIVE		
OHO	etained by the TO FUNERAL hould be detac vith the State I MPORTANT:		MARC A. KAI	PLAN,	M.D.					BURNIE, M.	ARYLA	ND 21061	
	BP	23o (	BURIAL CREMATION, REMO SPECEY) BURIAL	DVAL 2	36. DATE  2 NOT				EMETERY OR CREMATORY  NY EPISCOPA	L CEM.		county	.A. Md.
	DHMH-16 25M [VRA 15, 4) 1/79		INGLETON F	7	RAL F	ADDRESS HOME, G	LENE	BUF	MOU	2 1979	RAR 25	STARS SE	APURE



Sa.s.	FOR - STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	DST
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	PAY YEAR 2b. HOUR
	JAMES	JOHN	SMITH	October 16,	1979 8:30
3 SE	x	4 RACE	5 DATE OF BIRTH	6. AGE [IN YEARS LAST BIRTHDAY]	F UNDER 1 YEAR IF UNDER 24 HRS
once.	Male .	White	June 18, 1908 PEAR	u 71 yrs.	
	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	
Tities us	Pennsylvania	USA	WIDOWED DIVORCED	ANNE ARUNDEL C	
5 er	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION  ITYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OF ANDUSTRY Of Education
0	LEN BURNIE	NORTH ARUNDEL		Exterminator	poard of Cau
13a S	STATE 136 COUN	Arundel Pasadena	YES NO YES	1304 Tuggies Roa	ed Pasadena, M
2 sho	ATHER'S NAME FIRST	WIDDLE ( LAST	15. MOTHER'S MAIDEN NA	ME	Unknown
and and	YEOTOE WAS DECEASED EVER IN U.S. AR.	MED FORCES? 1166 SOCIAL SECU	RITYNO. 17 INFORMANT	ADDRESS	
	YES, NO OR UNKNOWN) (IF YES, GNE	war or dates) 235-09-8	883 Mrs. Rose E.	Smith 1304 Tuggi	lena, Md. es Road 2112
ysicia pers. oval. event	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line for (a), (b), and		1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
ng ph no pa rem natic		E CAUSE (a)	seren san	wownass.	5 acus
carbo carbo on, or traun	3715	DUE TO, OR AS A CONSEQUE	NCE OF hand of	insim	posseri
move	Conditions, if any, which gave rise to immediate	(b) 000	ax rupped	010 2011	gear
or or	cause (a), stating the underlying cause last	DUE TO, OR AS A PONSEQUE	metratic	conhon	7 11
signed in pleas burial injury,	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 119
Tion	severe for	Juling navy	poron	1 relica x	coale )
mist permit. Then the substitution to the substitution of the subs	190 DATE OF OPERATION	196 CONDITION FOR WHICH	PERATION WAS PERFORMED	IN CERTIF	YING CAUSES OF DEATH?
his certificate ha nial-transit perm Mental Hygiene dor Item 18 sho	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RED JENTER NATURE OF INJURY IN ITEM 18. P	ART I OR PART 2
← G — G →	OR CONTRIBUTING CAUSE OF DEA	are .	AY YEAR		
e burial-tr nd Menta ked or Ite	214. INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
the burth and Marked	AT WORK AT WORK				
OR: 1 is		tal) attended the deceased fram_	10/8 19 79	7. to 10/16	19 79, that (I) (we) lo
for of of our	saw the deceased alive an abave, (I) (we) (did) (did no	t) view the body after death.		death accurred an the date and hau	
E b d 1	72b. SIGNATURE	a. L	DEGREE	MEDICAL STAFF	22C DATE SIGNED
5 Å Å ±	16 0	1, and my	7 · // PHYSICIAN [	DIRECTOR PHYSICIAN	10/1///
, /) [	1).				
, () (	224 PHYSICIAN'S NAME (TYPE O		22e ADDRESS		
ould be detection the State of MPORTANT:	Bernardino A.	Alonso, M.D.	1406 Crain H	wy., S. #102 Gle	2106 n Burnie, Md.
INPORTANT:		Alonso, M.D.		134 LOCATION Glen Burnie An	n Burnie, Md.



	<u> </u> -	STATE REGISTRAR			4	CERTII	FICATE OF DEA	TH	REG.	NO.				
"	I. DEC	TRVING	FIRST	MAK	OM		RROW		2a. DATE OF DEATH	MONTH 10	12 12	79	80	20
	3. SEX	MALE	4 F	RACE	Ihite	S DATE (		18	AGE (IN YEARS LAST I	BRTHDAY	MONTHS	DAYS	IF UNDER	24 H
18/	cc	RTHPLACE (STATE OR FOR DUNING)	reign 7h	USA	WHAT COUNT	RY? I MARRIE	DEVER MARK		Anne Ai	OR COUN	ITY OF DE	ATH		
Politied 2		nnapolis	řH 11.	(IF NOT IN SUCI AA C	OSPITAL, NUR HFACILITY, GIVE ST OUNTY	RSING HOME ( REET ADDRESS) Gen 1	OR OTHER INSTITUT	ION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS DESIGN	T OF WORKING	GIEFE IND	KIND OF		55
See be	13a S	TATE  LTYland	G HOME OR OTH 13b COUNTY AA		GIVE RESIDENCE DE 134. CITY OR TO GlenBu	OWN .	134 INSIDE CITY L	IMITS?	130 STREET ADDRES	s Omas	Road	d		
examine 2/	l4 FA	THER'S NAME FIRST Irving	м <sub>іоо</sub> J.	DIE	Sparro	WC WC	Bertha		E		1	Morc	gan	
medic	léa W (Yi	YAS DECEASED EVER IT	U.S. ARMEI (# YES, GIVE WA WW I	R OR DATES	215.10	ECURITY NO. 0 • 6834	17 INFORMANT Irving	м. S	Sparrow,	Jr.	(sor	T ( L	Ver Virg	i
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		CEASED NAME FIRST PE OR PRINT)	WIDDLE	LAST	20. DATE KNOV OF ESTI	WN MONTH D	DAY YEAR 25. HOUR
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DIVISIONER: THIS CERT CATE, WRITING FORWARDED OR: PAGE 3 SHE HE STATE DEPAGE.	1	22a. I certify that I taak cha	rge of the remains described above, he	ld an Autopsy , Inspe	ction . Inquiry .	and in my opinio	on
L EXAMINER TE CERTIFICATI OUULD BE FO AL DIRECTORE H, WHIT THE MARYLAND.	3100	deoth resulted fram:	y of gouses . Accident .	Suicide	Undetermined monner		
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TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 BATTEN ORE, WITH THE STATE DE BATTEN ORE, MARYLAND, 21201 PRIL	23a	LIFIAL CREMATION, REMOVAL	23b. DATE 23c. NAME	OF CEMETERY OF CREMATORY	23d OCATION	A POLINITY	STATE
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BREET NOTES TO THE NUMBER OF A STREET

		FOR		STATE OF MARYLAND		0 7 7 0 1
100	1.	FOR STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH	REG. NO.	2 3 / 9 6 EST
		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MO	ONTH DAY YEAR 26. HOUR
	(1177)	FREDI	DA LEIGH	STAEHLE	OCTOBER 30	), 1979 3:35Pm
rector, page once.	3 SE	× F	4 RACE	S DATE OF BIRTH  MONTH DAY YEAR  S 19	6 AGE JIN YEARS LAST BIRTHO	AY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN  YRS.
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by the fured within		LEN BURNIE	LIF NOT IN SUCH FACILITY, GIVE S	RSING HOME OR OTHER INSTITUTION TREET ADDRESS] DEL HOSPITAL	12e USUAL OCCUPATION LITYPE OF WORK FOR MOST OF W Retired Teach	ORKING LIFE) INDUSTRY
AND 212 nin 24 hou filled in t fuld be file	13a :	AL RESIDENCE IF NURSING HOME OF STATE 136 COU	NOTHER INSTITUTION, GIVE RESIDENCE INTY 130. CITY OR Arendel Pasad	TOWN 134 INSIDE CITY LIMITS?	130. STREET ADDRESS	
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e be exect an and cor Pages 1 a		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN)   I IF YES, GN	RMED FORCES? 166 SOCIALS	SECURITY NO. 17 INFORMANT	Stachle Wep	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA strending physician.  After this certificate has been signed by the attending physis is the burial-transit permit. Then please remove carbon paper its and Mental Hygiene prior to burial, cremation, or remove marked or Item 18 shows any injury, or other traumatic even			nly ane couse per line for (a), (b) ED BY.  TE CAUSE (a)  DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE	EQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  3 days
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ATTEN ital or a ector or use of Hea		220 I certify that (I) (this hosp saw the eleceased alive or obove (II) we did (I) did no	ot) view the body after death.	om 10/27 , 19 79 19 79 , and that in (my) (our) opinion	death occurred on the date	ond hour and from the causes stated
TO HOSPITAL OFF retained by the hosp TO FUNERAL DIRE thould be detached f with the State Dept. MPORTANT: If ite		27h. SIGNATURE  27d. PHYSICIAN'S NAME MYPE	rla.	DEGREE ATTENDING PHYSICIAN  720 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	10/30/79
TO HOSPI retained by TO FUNEI should be owith the S		MARK A. KAPI	LAN, M.D.	325 HOSPIT	······································	LEN BURNIE, MARYLA
BP	'	BURIAL, CREMATION, REMOVAI SPECIFY) Remova 1	10/30/79	23¢ NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH-16 25M		UNERAL DIRECTOR	ADDRES	5	TE REC'D. BY REGISTRAR 25	REGISTRAR'S SIGNATURE
(VRA 15, 4) 1/79	I A	natomy Board	Balto.,	Md.	0100000	

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(VRA 15 (4))

FOR

REGISTRAR

. DECEASED NAME

- STATE

own home 13. 8182 Forrest Glen Drive Tabor ADDRESS Same as 13 Mrs. Isabelle C. Staehlin (daughter) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE nd that in (my) lour) opinion death occurred on the dute and hour and from the couses stated 224 DATE SIGNED Bluewell : (SPBurial Oct.19.79 Woodlawn Mem. Park Mercer, W. Va. TE TRARY TEN 24 FUNERAL DIRECTOR Singleton Funeral Home, Glen Burnie, MI

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

2b. HOUR

126. KIND OF BUSINESS OR

IF UNDER 24 HRS

1979

IF UNDER I YEAR

COUNTY

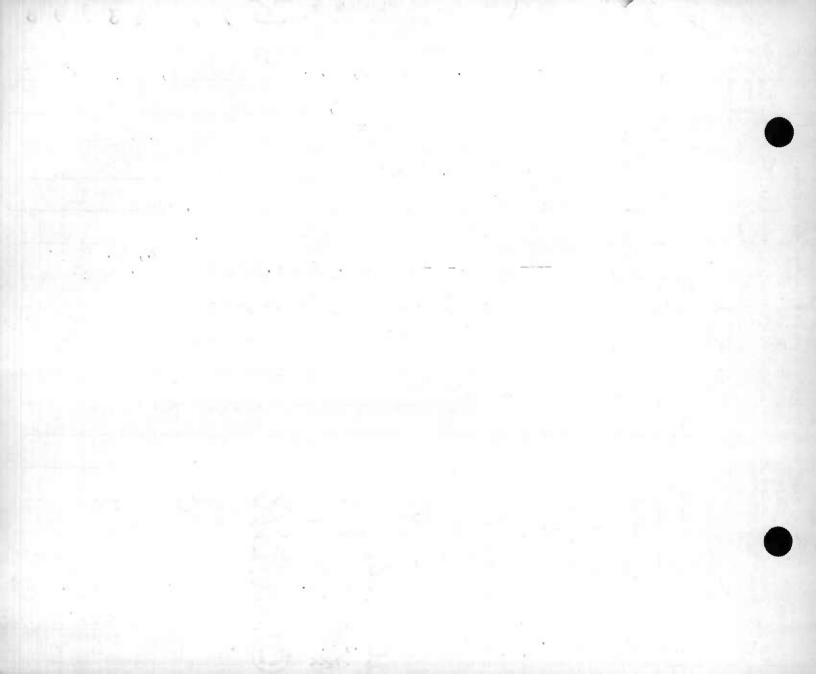
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20. DATE OF DEATH

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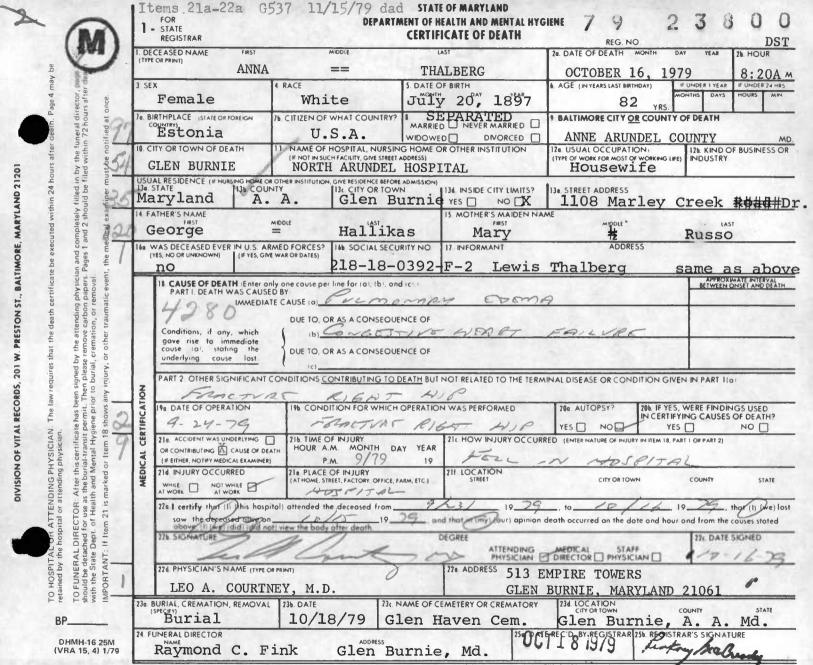
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	- STATE REGISTRAR			CERTIFICATE OF DEATH REG. NO.					
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	3 SE	~		RACE	Swa	nke, In.	Uctober 2	20, 1979	DER I YEAR IF
	3 30	Male		White	MON		76	MONTH:	
25		IRTHPLACE (STATE O	DR FOREIGN 7	CITIZEN OF WHAT COL	UNTRY?	IED NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF D	ounty
00	Baltimone		2	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS 4302 3 rd. Street			120 USUAL OCCUPATION 12		b. KIND OF BUILDUSTRY
35	130.	anyland	13b, COUNT			YES NO C	13e STREET ADDRESS 4302 3nd	Street	21225
121	14. F/	John John	м	Swan's	ke Re	15 MOTHER'S MAIDEN NA	MIDDLE		LAST R
	16a V	VAS DECEASED EVI YES, NO OR HUNKHOWN)	IF YES, GIVE	VAR OR DATES)	AL SECURITY NO. 03 <b>–</b> 5037	Mrs. Viola M	· Swanke 430	ilto., Me	d. 212. Street
radimonic	14	Conditions, if a	immediate.	(6)	NSEQUENCE OF			-	INSTA
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7	-	1 -	STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	0 , , ,
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		3. SE	4	RACE S. DATE OF BIRTH  MONTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS
			1/0/12	White 5- 26-1910		ONTHS DAYS HOURS MIN
oth. Po	nce.		RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
9 5 5	35		Maryland	U.S. H. WIDOWED DIVORCED	Hone Hru	ndel MD.
4 46	E Cat	4	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
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AND 2 1, 24 h filled could b	30		MD. A.1	9. A-ond YES NO.	815-Cliffe	n Ave.
within within d 2 sh	mine	14 FA	THER'S NAME	DDLE LAST FIRST		TACT
t, MAR	8120		Sylvester	Teans Hanor	a P	ilbin.
BALTIMORE, cote be execut ystrian and ca opers. Pages I	dicol	16a V	VAS-DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS A	nold MO.
TIMO	Ĕ		Yes Will	II 218-03-4076 Leo R. 12	ano-817 Cliff	anAve
T., BALTIII rificote be physician npapers. F	nt, the	/	18 CAUSE OF DEATH   Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), and (c) (1)	CV	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S T B B B B	event,		IMMEDIATE		. 11.6	1/10
PRESTON ST he death certi he attending p emove carbon motion, or rem	mot.		4/48	DUE TO, OR AS A CONSEQUENCE OF		
e deciter move of other move of	roo		Conditions, if any, which gove rise to immediate	(b) 14 A SCVI)		
Se r or t	other troumatic		couse (0), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF		
5, 201 gned b n pleo	ō		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	PANNAL DISEASE OF CONDITION GIVE	N IN PART 1/a)
RDS,	injury,	Z	6	ld ME	MINAL DISEASE ON CONDINON ONE	THE PART IN
been reprior	ony	CATI	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
he hos	2	MEDICAL CERTIFICATION			YES NOW YES	ING CAUSES OF DEATH?
N OF VITA N OF VITA SIC IAN: The ng physicio certificate I riol-tronsit	18 5		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		JRRED (ENTER NATURE OF INJURY IN ITEM 18, PAI	RT 1 OR PART 2)
ON OF HYSICIA ding ph is certifi burial-th Mental	E a		(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	Silens III	
VISION  O PHY  office this purple the but the	ò		21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISI DIVISI DIVISI DI Office the office the ord	morked		AT WORK AT WORK	4 3	h 1124	
ENDING fol or of OR: After	.s		22a. I certify that (I) (this hospital saw the deceased alive on	1) ottended the deceased from 19	in death occurred on the date and hour	,,,,
R ATTEN hospital RECTOR ned for u	Item 2		obove, (I) (we) (did) (did not)  22b. SIGNATURE	view the gody ofter death.  DEGREE	- deom occurred on the dote ond haur	22c. DATE SIGNED
the hard	*		THE SIGNATURE	ATTENDING		1614
by by ERA	MPORTANT		22d. PHYSICIAN'S NAME (TYPE OR	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN	1 /
HOSE ined old b	ORT		$\wedge$ .	L (2) P-41	1.15+ 0.	MIT
TO HOSPITAL OR ATTENDI retained by the hospital or TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal	<u> </u>	23a. B	URIAL, CREMATION, REMOVAL	236. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	P. 110-
ВР		(:	PECIFY)	10-4-79 New 1 others	2 11.	COUNTY STATE
DHMH - 16 50M 1/76		24_FU	JNERAL DIRECTOR	ADDRESS 501 Ritchiette 250 P	AFF PEGP. BY REGISTRAR 256. REGISTR	ARS SIGNATURE
(VR A 15 (4) )		/	Pohert S. Ba	rranco- Severa Park	01001010	

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or other troumatic		Conditions, if any, gove rise to imm couse tol, status underlying cause	nediote g the lost	(b) DUE TO, OR (c)	A ST	ENCE OF	Copl			Tes	
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certificate has

ATTENDING PHYSICIAN: The

retained by the hospital or attending physicial

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IMPORTANT: If he

CERTIFICATION

MEDICAL

be notified at once

CTATE OF MADVIAND

FOR STATE REGISTRAR	DEPARI		EALTH AND MENTAL HYG ICATE OF DEATH		).	5 0	0 4
1. DECEASED NAME ROBERST	NMI	7	- /	₹. /	10-6-	79	CO A
3. SEX MALE	A RACE WHITE	MONTH 5		78	YRS.	THS DAYS	IF UNDER 24 HRS. HOURS MIN.
COUNTRY)		8. MARRIEI	NEVER MARRIED			FDEATH	
VIRGINIA	U.S.A.	WIDOWE	D DIVORCED	ANNE AK	UNVEL		M
10 CITY OR TOWN OF DEATH			R OTHER INSTITUTION				F BUSINESS OF
ANNAPOLIS	ANNE ARUNDEL	HOSPIT	AL				OR CO.
	VITY 13c. CITY OR TO	VN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			Tal Villa
IARYLAND ANNE	ARUNDEL EDGEW	ATER	YES X NO .	420 FAIR	LEA DRI	VE	
14 FATHER'S NAME	MIDDLE					145	
EDGAR		V				LAS	
		URITY NO.	17. INFORMANT	ADDRE	SS		
(YES, NO OR UNKNOWN) (IF YES, GIVE	578-05	-0938	GLADYS H. T	HOMPSON .	SAME AS		WIFE
		nd c'	Seations	in		BETWEEN	MATE INTERVAL ONSET AND DEATH
IMMEDIAT		174 0	sign Cent	1 /			
Conditions if any which	DUE TO, OR AS A CONSEOL	MPM	tract cube	etin			
gave rise to immediate	(b) V(-1/)		0/6				
underlying couse lost.	DUE TO, OR AS A CONSEOL	JENCE JE	ral faily	V			
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 190 DATE OF OPERATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED NO YES |

216, TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

sow the decea

22b, SIGNATURE

P.M 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M.

MONTH DAY YEAR

211 LOCATION

ATTENDING

PHYSICIAN

CITY OR TOWN

COUNTY

22c DATE SIGNED

STATE

NO П

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

WILLIAM WEINTRAUB

22a I certify that (1) (this hospital) attended the deceased fro

ANNAPOLIS. 23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

DEGRE

MARYLAND

MEDICAL

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

STAFF

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

STATE

BP.

HOSPITAL

DHMH - 16 50M 7/77 (VRA 15 (4))

FUNERAL DIRECTOR.

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230. BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL

10/9/79

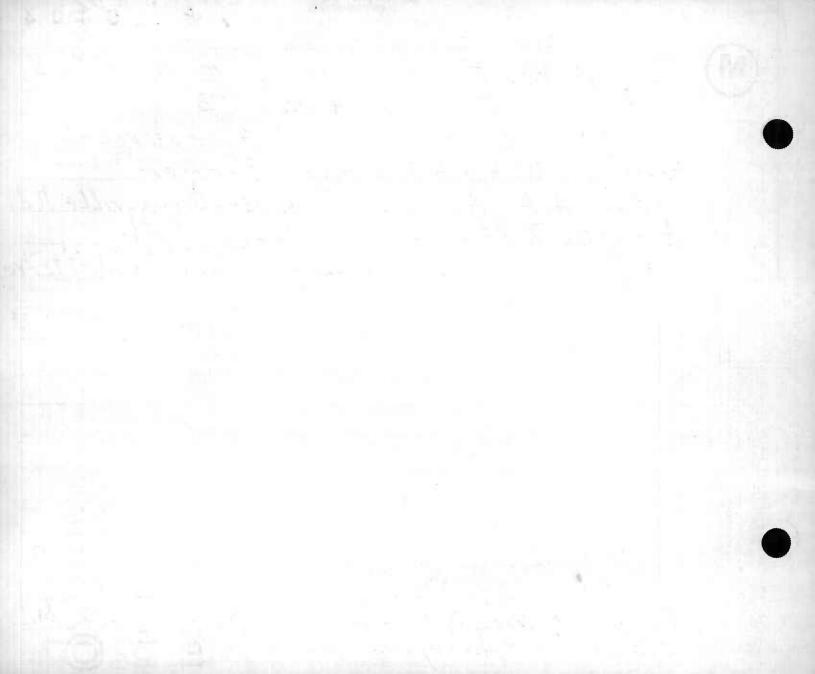
GEO. WASHINGTON 74. FUNERAL DIRECTOR FRANCIS J. COLLINS DRESS
500 UNIV. BLVD. W., SILVER SPRING, MD.

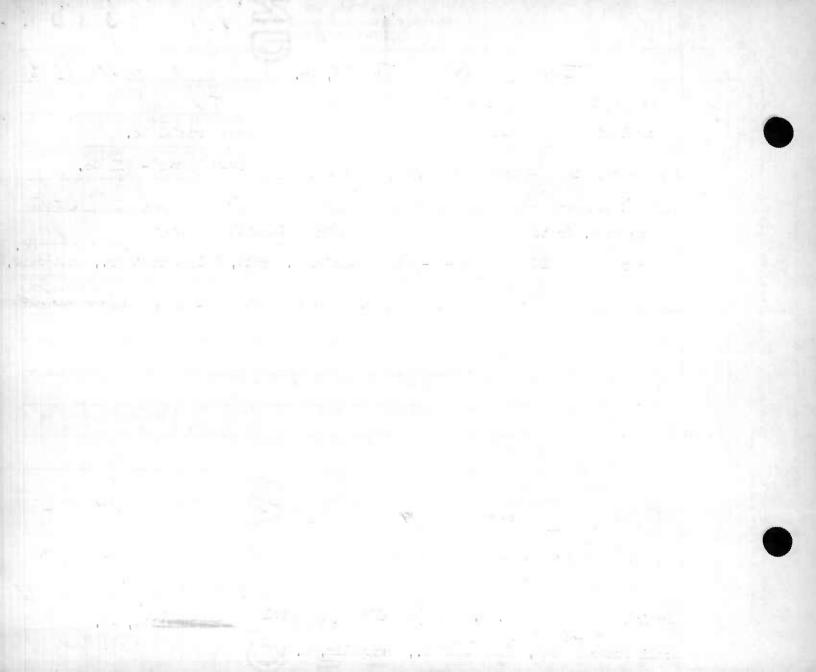
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Funeral

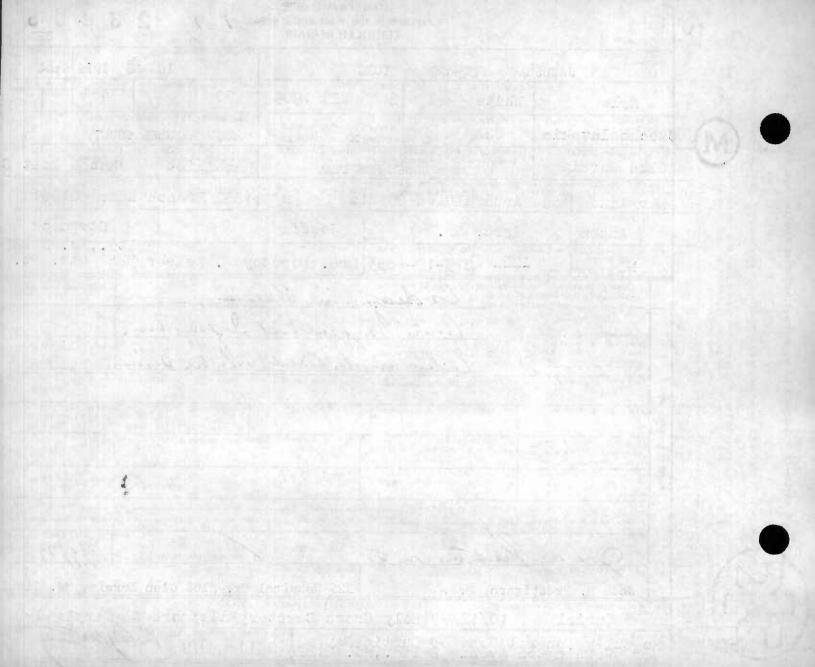
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(VRA 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



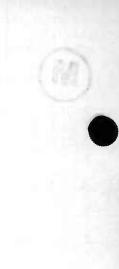
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	OR. DRS			UILIA					bleR	DE	ATH MATED	10	3 197	1 6 M
	PLEASE ECTOR FILES HOURS STREET	3. SE	4. RA	CE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY				ATE	HTHOM	DAY YE	AR 2d. HOUR
	Z S S S		M	LU	/	06	73 YRS		HS DAYS HOURS	MIN. PRON	OUNCED	10	3 197	9 10
	NECESSARY, FUNERAL DIR 5 FOR YOU WITHIN 72 W PRESTON	To B	RTHPLACE (STATE OF	R	76. CITIZEN OF WH				-30	9. BA	LTIMORE CITY	OR COUNTY		141
	SA SER JY	FC	REIGN COUNTRY)						ED NEVER MARRI	ED 📙	1	7	~ 1	Pa
	S NECESSARY, PIEASE E FUNERAL DIRECTOR. E. S FOR YOUR PIES. D. WITHIN 72 HOURS W PRESTON STREET.		Balto. Ci		U.S.A.			WIDOW			NNCI	4KUN'	cet.	MD.
	一十岁出一	10. C	TY OR TOWN OF D	ATH	11. NAME OF HOSE	TITAL, NUF		OR OTH	/	FORMOST OF	CCUPATION (T)	PE OF WORK	2b. KIND OF OR INDU	BUSINESS
	DELAY IN PAC 1005, 30	14	und heli	5	HANNE	HAR	vode	1. 4	everdh	C&P Te	working life)			• • • • • • • • • • • • • • • • • • • •
	ANY DE AND 3 T RETAIN HOULD B HECORD	USU	AL RESIDENCE (IF IN I	IURSING HOME OR	OTHER INSTITUTION, GIV	E RESIDENCE	BEFORE ADMISSIO	NI			-			
201	RETAIN RECORD	13a. S	Md.	Carr	150	13c CITY	or town mpstead	3	13d. INSIDE CITY LIMITS?	13e. STREET AL	Houcks	71770 F	Soad	
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MD.	PM 3.	14. F.	ATHER'S NAME	T T T T	MIDDLE		LAST		15. MOTHER'S MAIDE	NAME	MIDDLE		LAST	
	AGES 1, DRM PM 1, AND 2		Charles :	E. Uhle	r				Florenc	e		Ве	erg	
ŏ	~ ~ ~ ~	16a. V	VAS DECEASED EVE			16b. SOC	IAL SECURITY	NO.	17. INFORMANT		ADDRES	S		
BALTIMORE,	URS AFTER B. GIVE PAGE WITH FOR	(1	ES, NO, OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	212	-05-085	58	_Mrs. Lou	ise Uh	ler 1018	Houel	ksvill	e Rd.
SAL	HOURS AF NA 1B. GIVE NG WITH RMIT. PAGE NE, DIVISIONE,	-	Lu CHISE OF DE	-		-							T	
	LE DO		PART I DEATH	WAS CAUSED	ane cause per line	of (a), (b),	, and (c).)		-				BETWEEN CH	CET AND DEATH
PRESTON ST.	HIN 24 HOU IN ITEM 18 R ALONG 1 SIT PERMIT. HYGIENE, D		MANE	IMMEDIATE	CAUSE (a)	al	du	(	ares				11/1	/
010			4112		DUE TO, OR	AS A CON	SEQUENCE O	F				1	and,	ien
×	NS N		Canditians, if		(b)									
	NA TRA	-	cause (a) statir		< '	AS A CON	SEQUENCE O	F			11000			
301 W.	UTED WITHIN PENCIL IN EXAMINER A RALTRANSIT O MENTAL HY		lying cause las				0100111010						11111	
	S A S Z		SARY S OVUED CASUACA		(c)									
ZD.	EXECUTOR A BLAND H AND THON	7	PART Z OTHER SIGNIFICA	'NI CONDITIONS CO	INTRIBUTING TO DEATH B	UT NOT RELAT	TED TO THE TERMIN	IAL DISEASE	OR CONDITION GIVEN IN PAR	T 1 (a).				
DIVISION OF VITAL RECORDS,	D BE EXI	CERTIFICATION												
8	WORD "PENG HE CHIEF AND DISCUSSED AN ENT OF HEAL SURIAL, CREM	X	190. DATE OF OPER	NOITAS	19b. CONDIT	ION FOR V	WHICH OPERA	W MOIT	AS PERFORMED?				2D. AUTOP	SY?
Z Z	Y S H D O J	Ē	A Sylbalia										YES [	NO.
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0	THE THE STANE		UNDERLYING [			MONTH	DAY YEAR						-	
ō	TIFIC TO TO TO SHOU	Š	CONTRIBUTING				19	-						
≥ N	CERTIING TOPE 3 SHOP	MEDICAL	21d. INJURY OCCU	T WHILE	21e. PLACE O STREET, FACTO				CATION	CITY	OR TOWN	COU	NTY	STATE
۵	ARE GE COL	-	11.0	WORK										
	FR: THIS CER ATE, WRITING FORWARDED DR: PAGE 3 HE STATE DEF D, 21201 PRICED					W					1			
	P P P P P P P P P P P P P P P P P P P		220. I certify tha	I taak charge	of the remains desc	ribed aba	ve, held an	Autaps	sy 🔲, Inspection	, Inq	uiry 🔼, _ c	and in my api	nian	
3-4	MI BE		death resulted fra	m: Natura	causes .	Accident	L., Suic	ide 🔲	, Hamicide L	Undetermine	d manner	,		
	WIII WIII			90		11			TITLE (SPECIFY)				,	40
	A H OF THE	13	ACTUAL SIGNATURE	56	· hay	IT.		M	D. De bus	4 MEDICAL E	XAMINER	DATE	10/3	179
	SEA SEA		-	1	1 1		1		1		-	0.01.120		
	W C A		EXAMINER'S NAM (TYPE OR PRINT)	1-1	uhp	Kal-	1		ADDRESS /	-uch	1 les	Les		
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALLMORE, MARYLAND, 212	73. 0	URIAL, CREMATION		DATE	122.	AME OF CELL	ETERY O	ADDRESS, R CREMATORY	THE LOCATIO	/	1001		
		70.0	urial				Druid	_		CITY OR TOW	sville	Bal	40	Md.
	BP				Oct. 6,	79	Druta	uT'a	9					riu.
	DHMH - 17		UNERAL DIRECTOR		ADDRESS				25e. DATE R	EC'D. BY REGI	TRAR 256. REC	SISTRAR'S SK	GNATURE	dy
	(VR A15 ME (5)) 15M 7/77		Eline Fun	eral Ho	me Ham	ostea	d, Md.		UC	T 0 8 19	13	/		/
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	FOR STATE REGIST	DAD		DEPAR		EALTH AND N	AENTAL HYGI EATH	ENE /	A	4	3 0	0 0
	1 DECEASED			MIDDLE		AST	1	2a. DATE OF	REG. NO.	ONTH DAY	YEAR	2b HOUR
moy be poge 3 er death	(TYPE OR PRINT)	9.174	2040	Allen.	UND	ER D ON	NIC	170	007		79	1751 M
4 mo) or, po	3 SEX		4 RACE			F BIRTH	YEAR	6. AGE (IN YE	ARS LAST BIRTHD		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	-	4		9C	Oct	6	1920	5	9	YRS.		
- A - S - S - S - S - S - S - S - S - S	COUNTRY)	E (STATE OR FOREIGN	76 CITIZEN OF	F WHAT COUNTRY	MARRIE	NEVER M		9. BALTIMO	RE CITY OR	COUNTYO	FDEATH	
	Cumber 10 CITY OR TO	OWN OF BEATH		HOSPITAL, NURS			ORCED		OCCUPATION			MD.  F BUSINESS OR
by the lifed	FORT	MIEADIE		UCH FACILITY, GIVE STREET		my H	IOSP.	. 1	Groot		INDUSTRY	
hour hour		NCE (IF NURSING HOME C	R OTHER INSTITUTIO	N, GIVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE CI	TY LIMITS?	13e, STREET	ADDRESS "	902	wash,	Blvd.
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BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by apers. Pages 1 and 2 should be fill wol.  11, the medical execute hourst beans 11, the medical execute hourst beans	(YES, NO OR	0 1 1	2 - 1962	21818	7225	Brothe		21 Co	1	gen 1	Drive	PoTomac,
	18 CAU	SE OF DEATH  Enter of I. DEATH WAS CAUS	nly one couse po			A	1	-			BET WEEN	MATE INTERVAL ONSET AND DEATH
JST.,			TE CAUSE (o)	CArc	LIAC	Arre	ST					
he deoth certifine attending pt emove carbonp mation, ar remove is froumotic even	Condit	ions, if any, which	DUE TO,	OR AS A CONSEON	1 1	domina	al s	epsi	S			
0 0	gove	rise to immediate	DUE TO	OR AS A CONSEQ	IENICE OF			1		1910		
that the day the clease retried, crem	underly	ring cause last	(c)_		MINC	reatico	ducde	nect	omy			
DS, 2 quires signe hen p hen p io bur		OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	VAL DISEASE	OR COND	ION GIVEN	IN PART 16	0)
NG PHYSICIAN: The law requires the attending physicion.  After this certificate has been signed be so the burnal-transit. Then plea the and Mental Hygiene prior to burial, the ond Mental Hygiene prior to burial, orked or Item 18 shows any injury, or or	CERTIFICATION 150 TO 100 TO 10	E OF OPERATION	19b. CON	DITION FOR WHIC	H OPERATIO	WAS PERFOR	RMED	20o. AUTO	PSY?	Ob. IF YES, V	VERE FINDIN	IGS USED
TALRE is the less that the less than the les	3	oct 79	C	Ancon o	K PK	ncrea		YES 🗆	NOX	YES	NG CAUSES	NO [
N OF VITA SICIAN: The physicic certificate mal-tronsit ental Hygie ltem 18 shq	ORCONI	IDENT WAS UNDERLYING [		OF INJURY A.M. MONTH	AY YEAR	21c. HOW INJ	JURY OCCURRE	D (ENTER NA	TURE OF INJUNY I	N ITEM 18, PART	1 OR PART 2)	
ON OF	9	R, NOTIFY MEDICAL EXAMINER		P.M. E OF INJURY	19	21f LOCATIO	N					160
VISIC G PH G PH er thi s the is	WHILE AT WORK	NOT WHILE	(AT HOME, S	TREET, FACTORY, OFFICE	, FARM, ETC.)	STREET			CITY OR TOWN		COUNTY	STATE
ENDIN tel or OR: Aff	220.1 ce	rtify that (1) (this hasp	ital) attended t	the deceosed from	2	oct	. 19 79	, to	170	7C+ 19	79	that (I) (we) last
2 0 0 0 5	sow	the deceased alive or	of) view the bod	ly after death.			(aur) apinian d	eoth accurre	d on the dote	ond hour a		
ok A he hos DIREC toched toched Pept.	22b. SIG	NATO	0	1		MD A	TTENDING PHYSICIAN	MEDICAL	STAFF		22c. DATE	SIGNED
HOSPITAL ( ined by the FUNERAL I udd be detool hithe Store I OORTANT: If	22d. PHY	SICIAN'S NAME (TYPE	OR PRINT)	-1		22e ADDRESS		DIRECTOR	PHYSICIA	иП		
TO HOSPITAL etained by t TO FUNERAL should be det with the State MPORTANT:	Cor	nelius	R. S.	Amos J	-	USA	MEDO	AC	For	- me	nde,	md
Shoot shoot	230 BURIAL, C	REMATION, REMOVA	L 23b. DATE	231	NAME OF C	EMETERY OR C		23d. LOCA			UNTY	STATE
BP	Buri:		10/20	/79 Hi	llcres	t Buris	1 Park	Cum	berla Strar	E My	phone	adig
DHMH - 16 50M 7/77 (VR A 15 (4))	HOF		cal Ho	DILA PO (1)	uhom	hul M	A DCT	Z4 131	J. KAK	/	a desperation	1

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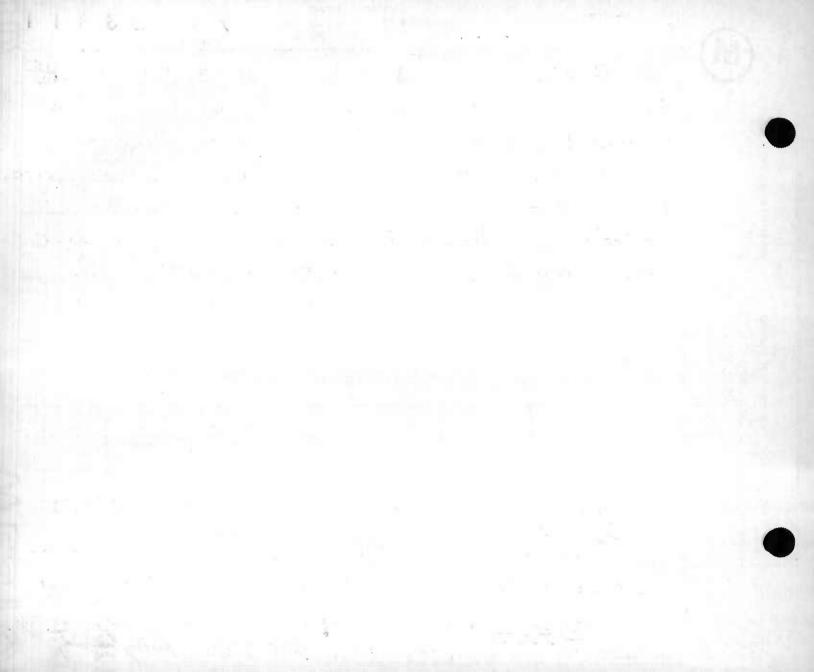
61	FOR - STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 8 0 9
	ECEASED NAME FIRST PE OR PRINT) Alice	Nodie N•	Van Kirk	October 13, 1979	20. 110011
J. 3. S	Female	A RACE White	January 14, 1884	95 YRS.	UNDER I YEAR IF UNDER 24 HRS
63	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne Arundel	ounty MD
100	CITY OR TOWN OF DEATH	51 Glendale ave		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) FLOREMOUS CR.	12h KIND OF BUSINESS OR INDUSTRY Uwn Home
E 130	laryland Walt	other institution, give residence before TY 130 CITY OR TOWN MORE Datimor	N 134. INSIDE CITY LIMITS?	13 STREET ADDRESS Grove Ro	ad 21227
0 16a	Harry. WAS DECEASED EVER IN U.S. ARA	WAR OR DATES!	15. MOTHER'S MAIDEN NAI FIRST Katheris RITY NO. 17 INFORMANT	ne ADDRESS	Nagle 2122
tove corbon popers. P		y one couse per line for (a), by one BY CAUSE (b) DUE TO, OR AS CONSEQUE	up fareure	comb 2742 Daisy Av	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WM M MULLS  Y COM
injury, ar other	couse (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO D	NCE OF Sewle	Changes  INAL DISEASE OR CONDITION GIVEN	IN PART 1(0)
Aygiene prior to the S shows ony injur	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?
nd Mentol Hyg	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART	I OR PART 2)
Ith and M lorked or	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM. ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
od for use of, of Heo im 21 is m	220.1 certify that (1) (this hospit saw the disceased alive as above (1) we) (did) (did not 271. 5(CNATA)	ol) attended the decreased from 19	and that in (my) (our) opinion of	death occurred on the date and hour or	nd from the couses stated
Stote Dep	22d. PHYSICIAN'S NAME (Type OR	manle	ATTENDING PHYSICIAN 2	MEDICAL STAFF DIRECTOR   PHYSICIAN	oer.16 79.
MPORT.	Henry Arman	as, M.D.	2919 Hollins	Fenny Road Balto.	, Md. 21230
730.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL FUNERAL DIRECTOR	10/16/79 Me	advordinge Men. Par	R JORSEY HOWAR	4.
1-16 20M 5, 4) 7/78	c Cally Funeral	Home of Brookly	Balto., Md. Of.	1 9 1979 Rife	hall to



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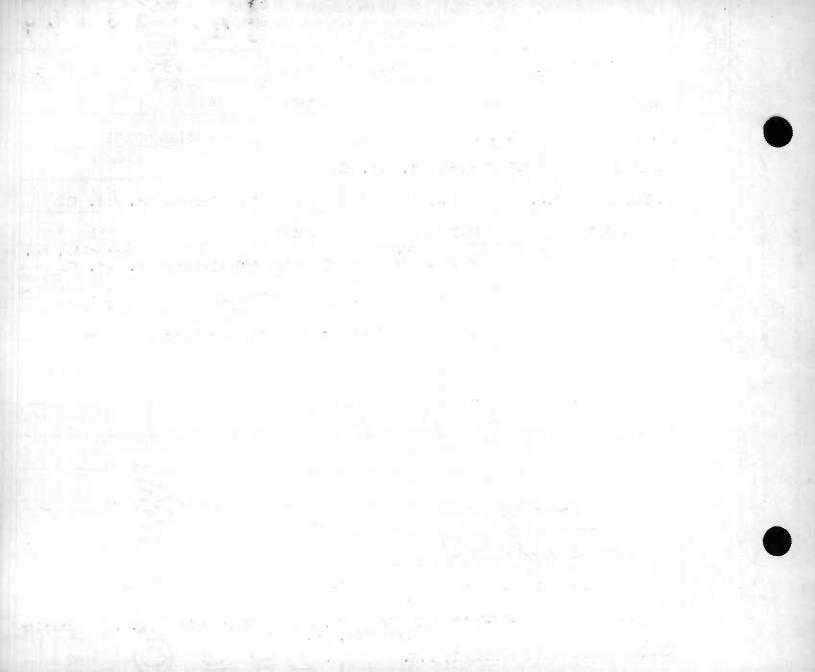
N		1	MARYLAND STATE DEPARTMENT OF HEALTH		
עי	FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9 2 3	8	0
	HEALTH DEPT.	1.	DECEASED-NAME First Middle Lost 20. DATE KNOWN Month D.	loy Yeor	2b. HOUR
	2,		(Type or Print)  William HARSEY Variable)  OF ESTI- DEATH MATED 10 - 3	31 1979	453
	may may	3.	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   IF UNDERS) YEAR   IF UNDER 24 HRS   2c DATE PRONOLINGED DEAD	21177	2d. HOUR
	ge 5		male white 2-5-26 (33 YRS.) MONTHS DAYS HOURS MIN. Month 10 Day 31	Yeor 1979	253M
	P se	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH		
	PM3		VIRGINIA USA WIDOWED DIVORCED Anne Arundolo		Md
	hour tem arm	10.	during most of working life even if retired \ IN	2b. KIND OF BUS IDUSTRY	INESS OR
	14.24.24.24.24.24.24.24.24.24.24.24.24.24	930	Anno Agunda General MANATER	TRAILE	R
	This was a strict of the stric	130	O. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN)  13d. INSIDE CITY (IMITS!  13e. STREET AND NUMBER  13b. COUNTY  13c. STREET AND NUMBER  13c. STREET AND NUMBER  13c. STREET AND NUMBER  13c. STREET AND NUMBER	1814	AKK
	MOR ted win in pe	14.	FATHER'S NAME First Middle, Lost ISSMOTHER'S MAIDEN NAME First Middle	los los	,
	Tige of the state		GEORGE VALLETY AUS	477	-
	BALTIMOR e executed w ending" in p r's Office olar and 2 with t	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yes give wor or dates of service)  ADDRESS  A  ADDRESS  A	1.10	,
	Id be day priner inner i	_	105, The Gold War of agrees of service) 414-34-8881 AKENEC VAUGHN	BOVE	
	NSTREET, ite shauld the word " tal Examin File pages		18. CAUSE OF DEATH (Enter only one couse per line for (gt. (b), and (c).) PART I. DEATH WAS CAUSED BY.	BANKOKIMATE BANKISH GNSET	AND DEATH
	STON STRE ifficate shau fing the wor Medical Exan mit. File pag after death		1411/6 IMMEDIATE CAISE (6) CORONARY PULLVEY Chosens	Lulde	u
	ecrtifica writing writing ief Medic permit.		Conditions, if any, which gave a		
	r. PREs is cert e, writ Chief M sit perr haurs		rise to immediate cause (o).    Stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF		
	301 W. PRESTON STREET ER: This certificate shauld rifficate, writing the word a the Chief Medical Examin Il-transit permit. File pages hin 72 haurs after death.		Int.		
	O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours of DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages ar. Page 4 should be farwarded to the Chief Medical Examiner's Office olang with farm PM3. Page 5 mc Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of Heal or removal, and in any event within 72 hours after death.	19	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)		
	AMI the order	S			
	Extended in the control of the contr	CERTIFICATION	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20. AUTOPSY	
	TAL REDICAL SE EXECU d be for e used in only	ERI	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	YES _	NO Z
	DIVISION OF VITAL RECORDS TO DEPUTY MEDICAL EXAMI s necessary, pleose execute the star. Page 4 should be farwarded: Page 3 shauld be used as a bu or removal, ond in any event w	MEDICAL (	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M.  19	10.)	
	Y N Y N Short	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County	Stote
	DEPUTY CESSORY, Page 4 s ge 3 shar		WHILE NOT WHILE at WORK AT WORK foctory, office building, etc.)		
	DIVISIONO TO DEPUTY delay is necessary, al director. Page 4 rr files. ECTOR: Page 3 sho mation, or removal		22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry	and in m	v apinian
			death resulted frage: Natural causes , Accident , Suicide , Hamicide , Undetermined manner		
	9 0 6		ACTUAL CHIEF MEDICAL EXAMINER		
	If any delay is funeral direct for your files.	-	SIGNATURE	NED . 1-	1-0
		-	EXAMINER'S NAME (Type)  E. Linh preced.  DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)	10/3	- 2
		73c	Lynn by	aunty) /(SI	tote)
	ofter de and 3 to be retai TO FUN priar to	1	BURNAC NOV. 2, 1929 MERROWRIDGE MENPARE DORSEY	M	7
	VR A15ME (5)	24	PUNERA DELTO 250. REC'D BY REGISTRAR 256 DOISTRAR'S SIR	NATURE	
	8M-1/70		MONITORINA TO DALLIU II/A JADVO 5 1979	Creedy	

0	1	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 2 3 8 REG. NO.
, * (W	)	I. DE	CEASED NAME PROGRAMO PRODUCE EUGENE USVERMILLIUN 20 DATE OF DEATH MONTH DAY YEAR 126 HOUR GORPHINI) GORPHINI GORPHINI 10-31-79 63.M
4 may	. 10 .	3. SE	
Page director	ei .	7a BI	Male White Aug. 23 1918 6 YRS
ter deam he funeral within 72 h	36	M	OUNTRY)  MARRIED WINDOWED DINORCED Anne Arundel MD.
. + 0	Coffied	0	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (1700 OF WORK FOR MOST OF WORK FOR
hin 24 hours ly filled in b should be fil	and see		AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TATE  136. COUNTY  136. COUNTY  137. CITY OR TOWN  138. INSIDE CITY LIMITS  139. STREET ADDRESS  YES  NO IM  139. STREET ADDRESS  139. STREET ADDRESS
ed within mpletely f	Sominer	14. FA	ATHER'S NAME  FIRST  MODIE  LAST  MODIE  LAST  MIDDLE  MIDLE  MIDLE  MIDLLE  MIDLLE  MIDLLE  MIDLLE  MIDLLE  MIDLLE  MIDLLE  MIDLLE  M
cuted wi	27-12	16a. V	AIFRED VERMILION JENNIE FROZIET  VAS DECEASED EVER IN U.S. ARMED FORCES? 180 SOCIAL SECURITY NO. 17 INFORMANT  ADDRESS Same as # 13
be execusion and c	e medica	I,	Yes W.W. II 212-09-8136 Mrs. Mazie C. Vermillion (wife)
ding physician schon paperior or removal	event, the		18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).  PART I, DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Metastatic Colon Cancinoma  What is the couse of t
th certing anding a corbon or ren			1539 DUE TO, OR AS A CONSEQUENCE OF
of the death by the attend se remation, c	or other traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF
es that eed by please anal, cr	or oth		underlying cause last. (c)
equires the n signed b Then plear r to burial,	injury,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 1
he law re an has been i permit. I	shows any	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO NO
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rate administration physician.  The servician physician is seen signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled in by and Mental Hygiene prior to burial, cremation, or removal.	Hem 18 sh		218. ACCIDENT WAS UNDERLYING 218. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (# ETHER, NOTIFY MEDICAL EXAMINER)  P.M. 19
PHYSI ending this ce the burn	d o b	MEDICAL	21d INJURY OCCURRED  21e PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l LOCATION STREET  CITY OR TOWN COUNTY STATE
TENDING PARTER TO THE AFTER THE AFTE	morked or		AT WORK AT WORK  220 I certify that (1) this hospital) attended the deceased from DECENTER 19 78 to 0 3 19 79, that (1) two lost
- E O F - D O	21 15		saw the deceased alive and 10/30 19/79, and that in (my) aur) opinion death accurred on the date and hour and from the causes stated above. (I) twey (Iddy/did not) view the body after death.
	T: If hem		226 SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10/31/79
TO HOSPITAL TO FUNERAL should be deter	MPORTANT.		ENSER W. COZEILI 121 CATHEDRA ST ANNAPOLIS Md.
Of Of Shape	₹	23o E	SURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE
BP	-		Burial 3 NOV. 70 Trinity Cemetery Waldorf Charles Co. Md
DHMH-16 20 (VRA 15, 4) 7			SINGLETON FUNERAL HOME, Glen Burnie, Md. NOV 2 1979



Competer and Ind the second to the second

4 7 4 6			REGISTRAR  CEASED NAME FRST OR PRINT)  WILLIA	MIDDLE	1.1	ast line time	REG. NO.  2e DATE OF DEATH MONTH	DAY YEAR 26 HOUR 12.39
4	N No	3. SE		4 RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 H
	N		IALE	NEGRO	2 MONTH	°22 1910	69 YRS.	MONTHS DAYS HOURS M
vithin 72 hor	20 Jane	7e. BI	RTHPLACE ISTATE OR FOREIGN DUNTRY)	U.S.A.	TRY? 8 MARRIEI WIDOWE	DI NEVER MARRIED DI	ANNE ARUNDEL CO	
by the fu filed with	Oonified		NAPOLIS	11. NAME OF HOSPITAL, NU LIE NOT IN SUCH FACILITY, GIVES 701 G1 en wood	JRSING HOME C	R OTHER INSTITUTION	17e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS INDUSTRY
	Sonst pe	USU.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	PROTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION) IOWN POLIS	134. INSIDE CITY LIMITS?	701 Glenwood St	. Apt. 512
campletely 1 and 2 sh	examine.	14 F#	THER'S NAME  JERRY	MATLING	TON	15 MOTHER'S MAIDEN NAME OF THE STATE OF THE	AE .	COBB
Pages 1	medical	N C	VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (EYES, GN	RMED FORCES? 166 SOCIAL: SE WAR OR DATES) 577-	SECURIO 3/2 10-3086		ADDRESS 701 Glenwood St	Annapolis, M . Apt. 512
pap	event, the			inly one couse per ling for (a), is ED 8Y: ATE CAUSE (a)	of and ich	ular Co	Marse	BETWEEN ONSET AND DEA
he ottending premave carbon	ather traumatic e		Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS (b) SOLO DUE TO, OR AS A CONS	0 04	hew selevat	Te disease	yean
n signed Then ple	injury, ar	NOIL	blat	CONDITIONS CONTRIBUTING	TO DEATH BUT		INAL DISEASE OR CONDITION GIV	
0 =	shaws any	CERTIFICATION	8/29/79	Gengrene			IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
has bee if permit.	0 (	/	210. ACCIDENT WAS UNDERLYING		DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18. P	ART 1 OR PART 2)
. 5 e e	00		OR CONTRIBUTING CAUSE OF DE		19			
ysician. icate has ransit per Hygiene	ar Hem 18	MEDICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		19	21f LOCATION STREET	CITY OR TOWN	
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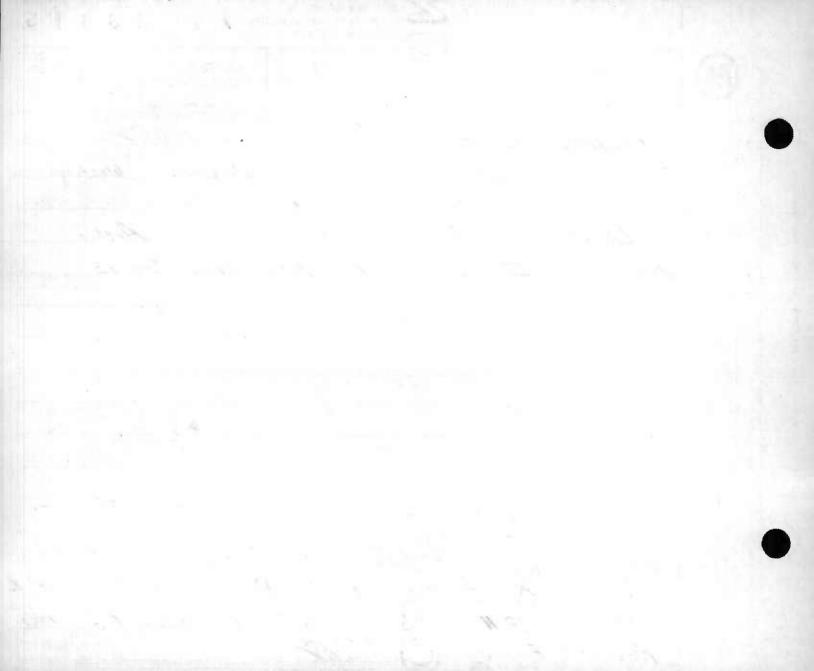


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1					STAT	TE OF MARYLAND		B100 300			
1.	FOR STATE			DE		HEALTH AND MENT		ENE 7 9	2	3 8	4
	REGISTRAR				CERTI	FICATE OF DEAT	TH	REG. NO	).		
	CEASED NAME	FIRST		WIDDLE		LAST		20. DATE OF DEATH	MONTH DAY	YEAR 2	26 HOUR
, ,	A	NN	10		(	NeLL	5		10 28	79	7 10 AM
3. SE	Х		RACE			OF BIRTH		6. AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS
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70 B	IRTHPLACE (STATE OR FO	DREIGN 7	L CITIZEN OF	WHAT COU		ED NEVER MARR		BALTIMORE CITY O		DEATH	
	ARYLAND		U.S.	Α.	WIDOW			ANNE ARUI	NDEL CO	UNTY	MD.
10. C	ITY OR TOWN OF DEA	ATH 1				OR OTHER INSTITUT		12a USUAL OCCUPATION			BUSINESS OR
	ANNAPOLIS	1				L HOSPITA		TITPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	
USU 13a	AL RESIDENCE (IF NURS	ING HOME OR O	THER INSTITUTION	GIVE RESIDENCE	E BEFORE ADMISSION	) 113d INSIDE CITY LI		12. STREET ADDRESS			
	RYLAND		.A.	ANNA	POLIS	YES XX NO		6 Boxwood	Road		
14. FA	ATHER'S NAME		DDLE	144		15. MOTHER'S MA				But the	
	EDWARD	M		SMITH	51	CAROLY	N	WIODLE	PR.	ATT	
16a. V	VAS DECEASED EVER	N U.S. ARM	ED FORCES?	166 SOCIA	L SECURITY NO.	17 INFORMANT	FILL	ADDRE	SS		
	NO	(* 125, 5112	- m on onico;	214-1	4-3254A	LUCILLE	KEKLY	6 Boxwood	Rd. An	napoli	s. Md.
	18 CAUSE OF DEATH	H (Enter anly	ane cause per	line far (a),	(b), and ic			1		APPROXIMA BETWEEN ON	ATE INTERVAL NSET AND DEATH
	PART I. DEATH W.	IMMEDIATE	/	TARK	norale	monano	16	TANISET		MIN	15
	4275		DUF TO O	R AS A CON	ISEQUENCE OF	/					
	Conditions, if ony,	which	( (b)_	•							
9	gave rise to immediate couse (a), stating the DUFTO OR AS A CONSEQUENCE OF										
	underlying cause last (c)										
	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS C	ONTRIBUTIN	IG TO DEATH BU	T NOT RELATED TO T	HE TERMIN	NAL DISEASE OR CONE	ITION GIVEN	IN PART 11a1	
CERTIFICATION											
CAT	190 DATE OF OPERAT	ION	196 COND	ITION FOR V	WHICH OPERATIO	ON WAS PERFORMED	D	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN	ERE FINDING	GS USED
THE	NI	7		/	NIA			YES NO	YES [		NO 🗆
	21a. ACCIDENT WAS UND		21b. TIME C	F INJURY M. MONTI	H DAY YEAR		OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I	OR PART 2	
S AL	OR CONTRIBUTING CAUSE OF DEA			M.	19						
MEDICAL	21d. INJURY OCCURR		21e PLACE	OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
~	WHILE NOT WH	RK	1-3-14				100				
	270.1 certify that This haspital) attended the deceased from 10-26, 19-79, to 10-78, 19-79, that (1)(we) last										
	saw the deceased alive on 10-26 19 75, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (did and view the body after death.										
	276 SIGNATURE	0		0		DEGREE	10.11.10	MEDICAL STAF		22c. DATE SI	IGNED
	Kon	2 Ken	16	27	M	PHYS	IDING ICIAN	MEDICAL STAF	IAN 🗌	10-2	8-79
	THE PHYSICIAN'S NA	WE LIME OF	RINT)	1		22e ADDRESS					
	KONA	10	A. F.	CKE	77	111 CA	THEI	ORAL St.	ANTA	POLIS	MO
23a E	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF	CEMETERY OR CREM	ATORY	23d. LOCATION	COL	YTA	STATE
_	BURIAL		11-2-	1979	PINELAW	IN MEM. PA	RK	Annapolis			aryland
24 FI	UNERAL DIRECTOR		-	ADDR	ESSAnnapo]	lis. Md.	25a. DATE	REC'D. BY REGISTRAR	Sb. REODIRAR	'S SIGNATE	realy
WI	LLIAM REES	E & SC	NS MOR	TURRY,	P.A.		UGI	201313	hill	7"	

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ne front		August professor	

12		1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HE	ALTH AND MENTA CATE OF DEATH		7 9 REG. NO	2	3 8	15
ě	(MA)		CEASED NAME FIRST OR PRINT! ED W/	N C,	WILH	HELMI		OF DEATH  OCTOBE	SP2 (	2 / 1977	HOURZO 9 PM
e 4 may		3. SE	MALE	WHITE	S. DATE OF	DAY YEA		in YEARS LAST BIRTH			OURS MIN.
	72 hour	7n. Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED	NEVER MARRIE	0 4	MORE CITY OF	EUN ?	OF DEATH	MD.
offe, d	d in by the far be filed withing	10.C	TY OR TOWNOF DEATH	11. NAME OF HOSPITAL, NURS IN NOT IN SUCH FACILITY, GIVE STRE ANNE ARUNDER	ING HOME OR		(TYPE OF	VAL OCCUPATION	ON WORKING LIFE	12b. KIND OF E	SUSINESS OR
ND 2120		USU 13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)	13d. INSIDE CITY LIM		EET ADDRESS	EN A	VISTA	AVE
IARYLAI d within	od 2 sh	14 F/	THER'S NAME	MIDDLE LAST		MOTHER'S MAID		WIODLE		Jathasi LASI	7.1.7.0
MORE, M.	ond co	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC E WAR OR DATES! 2/3-10-		17 INFORMANT	2.41 11	ADDRE Thelm		13	
BALTIV	the	-	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		ond (ch.)	10 A	ars cur	1116161	Occ		TE INTERVAL SET AND DEATH
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W. PRES	rem em er t		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQ		C /AGO					
ORDS, 201	signed b hen pleo to buriol, njury, ar o	Z	PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO TH	IE TERMINAL DIS	EASE OR CON	DITION GIVEN	N IN PART 1(0)	
RECOR	(t) III	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	20s A	AUTOPSY?		WERE FINDING	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 BIVELTAN, The Journal of the death certificate be executed within 24 hours	- 5 9 S		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY C					
VISION OF VI	trending print the burioland Mento	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)		211 LOCATION STREET		CITY OR TOW	'n	COUNTY	STATE
Va Nichal	on Straight of the Straight of		22a. I certify that (1) (this hasp saw the deceased alive an	nal) attended the deceased from	40.44	, 19_ I that in (my) ( <del>our)</del> a	75 , to	OCT 6			ot (1) (we) lost
0	TO FUNERAL DIRECTOR. Should be detoched for us with the Stote Dept of He MPORTANT: If them 21 is		226. SIGNATURE	of view the body ofter death	-102	ATTEND	DING MEDI	CAL STAF	F.	22c. DATE SI	GNED
ATION	FUNERAL UIG be deto		224. PHYSICIAN'S NAME ITYPE O	.1 .1. 1	7	22e ADDRESS	DIREC	TOR PHYSIC	IAN L.	5	PV
5		23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23		METERY OR CREMA	/ / /	OCATION CITY OR TOWN	Way	OUNTY A	STATE STATE
	DHMH-16 20M	24 F	UNERAL DIRECTOR	70-11-79 ADDRESS	501 A	Pitchief	250. DATE REC'D.	BY REGISTRAR	25b. REQUETR	AR'S SIGNATUI	F Marcha
	(VRA 15, 4) 7/78		Robert S.	Barranco	Jeur	-na tak	• • · ·			/	



20		- STATE REGISTRAR	CERTIFICATE OF DEATH  REG. NO.				
(88)	1	DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST		HOUR	
a S		ETHEL	G.	WILLIAMS	OCTOBER 1, 1979 1	2:25	
age 4 ma ector, s afte	3	sex Femal	1 RACE White	Mar. 7,1898	6. AGE IN YEARS LAST BIRTHDAY)  BL  YRS.	URS MIN	
neral dir. 72 hour	55	Lentucky	76 CITIZEN OF WHAT COUNTR	Y?   MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY	MI	
by the fu ed within	- 1	GLEN BURNIE	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION  EELAPORESSI HOSPITAL	176. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWITE WITH HO		
hin 24 hc	35	USUAL RESIDENCE (IF NURSING HOME 138 STATE 136 CO	UNTY LIGHTY OR TO	Surnie 134 INSIDE CITY LIMITS?	516 Oakwood Station	Road	
cuted wit	20	FATHER'S NAME Elijah	MDDIE Gillum		Sexton		
te be exe an and co Pages 1 t, the me	1	WAS DECEASED EVER IN U.S. A. IYES, NO OR UNKNOWN)	IVE WAR OR DATES)		rce Camby, same as 13		
certificat physici papers, removal.		PART I. DEATH WAS CAU	only one couse per line for (a), (b), SED BY ATE CAUSE (a)	74D & Un	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH	
that the death of the death of the attending eremove carbor or cremation, or or other trauma		Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.	DUE TO, OR AS A CONSECU	trus dun			
w requires that en signed by th Then please ren rr to burial, cre, my injury, or o			CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PART 1601		
N: The la	9	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?  200 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF C YES NO		
NG PHYSICIAN nding physician. fter this certifical the burial-transit; and Mental Hygi sirked or Item.	/	On COLUMN THE CALLED	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)		
IDING PI Ittending After th is the bur Ith and M	1	OR CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF C	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	1211 LOCATION STREET	CITY OR TOWN COUNTY	STATE	
ATTEN pital or e ECTOR for use a of Heal		say the deceased alive o	view the body after death.		death occurred on the date and hour and from the coust	(I) (we) los es stated	
TALCH v the hos RAL DIR detached tate Dept		27h SIGNATURE)	My B Rou	DEGREE ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	199	
TO HOSPITAL retained by the TO FUNERAL should be detect with the State E	1	JORGE B. R	AMIREZ, M.D.	325 HOSPI GLEN BURN	TAL DRIVE, SUITE 207 IE, MARYLAND 21061		
BP	2	Burial, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY Len Haven Mem.Pl		d.	
DHMH-16 25M (VRA 15, 4) 1/7		James S. Kir	kley, Glen Bu	urnie, Md. 00	Te Rec'd. By registrar 250 registrar's signature T 2 1979	dy	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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1/20		110. added Film FOR STATE REGISTRAR	G537 11/15/79 re	S STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		2 3 8 1 7
eoth 3	(TYP	CEASED NAME FIRST 7	THE MIDDLE E. Tyles	WILLIS	REG. NO  2a. DATE OF DEATH	
rge 4 mg	3. SE	male	laucasian	5. DATE OF BIRTH MONTH DAY YEAR 12 11 01	6 AGE (IN YEARS LAST BIRTH	OAY) IF UNDER 1 YEAR IF UNDER 2 HRS.  MONTHS DAYS HOURS MIN.  YRS.
unerol di	3 V:	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Irginia	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED UDVORCED		indel "
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be execution and control of the second contr		WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 215-01-			th Dr. Severna Pk.
equires that the death certing is signed by the attending is. Then please remove carbon to burial, cremation, or reminjury, or other traumatic expension.	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  CONDITIONS CONTRIBUTING TO D	of color	NINAL DISEASE OR COND	
on. hos been permit. ene prior aws ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \bigcap \) NO \( \bigcap \)
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TO HOSPITAL OR ATTENDING Pretained by the hospital or atter 12 FUNERAL DIRECTOR: after 15 should be detached for use os the with the State Dept. of Health on MPORTANT: if them 21 is marked	_		ot view the body after death.	, 19	, to deoth occurred on the dot MEDICAL STAFF	e and hour and from the causes stated
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DHMH - 16 50M 7/77 (VR A 15 (4))		UNERAL DIRECTOR Anatomy Roard	ADDRESS Balto		E REC'D. BY REGISTRAR 2	Sb. POGISTRAR'S SIGNITURE

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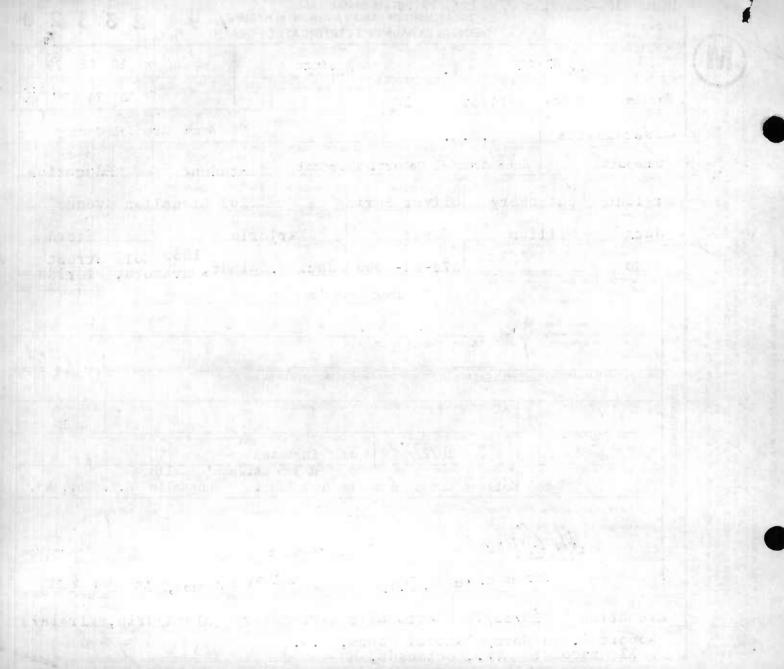
		1	FOR - STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 7 9	2 3	8 1 8
64			CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	-	YEAR 2b. HOUR
9 9 9			COCH	11E		NILSON		10 9	79 4.09
		3. SE	× F.	1. RACE	S. DATE MONI	OF BIRTH  H - 15 - 6	6. AGE (IN YEARS LAST BI	RTHDAY) IF UI MONT	NDER 1 YEAR IF UNDER 24 H
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y the to	Southed S		A NNA DOLIS	11. NAME OF HOSPIT (IF NOT IN SUCH FACILITY ANN & Aru	TAL, NURSING HOME TY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE)	12b. KIND OF BUSINESS INDUSTRY
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e execute n and co Pages 1	medical			ARMED FORCES? 166 SO	OCIAL SECURITY NO.	17 INFORMANT	H ASSEN	RESS	15 /34-2
that the death certific d by the attending phy case remove carbonpa al, sumation, or remov	r other traumatic event		Canditions, if any, which gove rise to immediate couse (o), stating the underlying cause last	DUE TO, OR AS A	CONSEQUENCE OF	enjehi be	1. fenlis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA Clay Clay
the requires then signer mit. Then pli prior to burn	ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICAN	1) chem		NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WI	N PART 1(0)  ERE FINDINGS USED G CAUSES OF DEATH?
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R ATTENDII hospital or RECTOR: A hed for use ept. of Healt	21 is mo		22a.1 certify that (1) (this has saw the deceased alive abave. (1) (we) (did) (did	1.10	19/9/6	nd that in (my) (524) apinion	deoth occurred on the	date and haur one	d from the couses stated
OR he he	T. If Nem		22b. SIGNATURE	nes.		DEGREE ATTENDING A PHYSICIAN /	MEDICAL STA	AFF CIAN []	THE DATE SIGNED
HOSPI sined b	MPORTAN.		220. PHYSICIAN'S NAME (TY)	CHVAPII		22e ADDRESS	ENGON R		roan's PA
BP	¥	1	BURIAL, CREMATION, REMOV SPECIFY) PEMATION	AL 23b. DATE		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	ndrin.	Va
DHMH - 16 50M 1/7 (VR A 15 (4))	<b>'</b> 6	-	NAME .	L Home 121	ADDRESS		TE REC'D. BY REGISTRA	25 REGISTRAR	

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	1		STATE OF MARYLAND	0 0 1 0
		FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	9 2 3 8 1 9 REG. NO.
(00)		DECEASED NAME FIRST MION THE OF PRINT! MARCELLUS	WINDSOR	OF DEATH MONTH DAY YEAR 28. HOUR PM
(a)		SEX M 4 RACE	MONTH 26 1899 82	YEARS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN  YRS.
deoth P	2 10	BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WE COUNTRY D.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ORE CITY OR COUNTY OF DEATH  UNE HEUNDEL MD.  LOCCUPATION 128. KIND OF BUSINESS OR
in by the fune efficed within	3	CITY OR TOWN OF DEATH  11. NAME OF HO (IF NOT INSTITUTION, G)	CILITY GYESTREET ADDRESS HOS PT	LOCCUPATION DRIVED THE INDUSTRY REPORT OF THE INDUSTRY
n 24 h	5	FATHER'S NAME	CITY OR TOWN 134 MINSIDE CITY LIMITS? 136 STREE	TADDRESS 324 St
executed withing and completely ages 1 and 2 siedical amine	2/	GEORGE W. W.	W.D.S.O.R. IT/INFORMANT	ADDRESS STREET
on on rs. Pe	1	(18 CAUSE OF DEATH (Enter only one couse per lin	12-40-1764 LENA W. U	PROXIMATE INTERVAL BETWEEN ONSET AND DEATH
is that the death certificate ed by the ottending physici please remove carbon paper rial, cremation, or remavol.		PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)	Cerebrovasulas A s a consequence of	cedent 8 hours
been sign frmit. Then prior to bu	2 3		YES	TOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
HYSICIAN: ading physic certifica buriol-tro d Mental Hy or flem 18	7	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  21e, PLACE OF	MONTH DAY YEAR 19	NATURE ÓF INJURY IN ITEM 18, PART 1 OR PART 2)  CITY OR TOWN COUNTY STATE
TTENDING pitol or att TOR. After for use as til ad Health at 11 is marke		22a. I certify tho (1) (this hospital) attended the sow the deceased alive on obove, (I) ye) (did (did not) view the body of	er death 19, and that i (my) our) opinion death occur	rred on the date and hour and from the causes stated
by the hub the		22b. SIGNATURE	DEGREE  ATTENDING MEDICA PHYSICIAN DIRECTO	STAFF OR PHYSICIAN   10/8/79
TO HOSPITAL retained by 1 TO FUNERAL should be de with the State	21	ENSER W. CO		SAL ST ANNAPOLIS MA.
BP	2)	FUJERAL DESCRIPTION	29 SHERBERT	PROTECTION CONTROL CON
(VR A 15 (4))	1	Ohn Myste 1 Sous C	unepol, ma	

CHALLE SINGLE TAKEN VILLE AND A LINE AND AND A LINE AND

		It	ems #18	Ba-22a Fi	lm G538 12/5/		OF MARYLA		CIENES			му	13 6	
	7	1-	FOR STATE			TMENT OF HE				9	2	3	9 5	. U
1	100		REGISTRAR	FIRST	MEDICAL	EXAMINE	LAST	ICATE OF			G. NO.		DAY YEAR	01 110110
15	( IN/I )		OR PRINT)						20. D	OF EST	. –	10	23, 7	2b. HOUR
-		3. SEX		Sherry	Is. DATE OF BIRTH	6. AGE (IN YEARS	Winds	. IF UNDER 2		ATH MATE			DAY YEAR	M
	E S IS			6	MONTH DAY YEAR	LAST BIRTHDAY)	MONTHS DAYS	HOURS 1	MIN PRO	DATE			24 19 79	1:32
	CESSARY LERAL DI ER FOR YOU AITHIN 72 PRESTON S		emale	white	4/14/59 7b. CITIZEN OF WHAT COL	20 YRS.				DEAD LTIMORE (				a. M
	NECESSA FUNERAL 5 FOR YOU WITHIN	FO	REIGN COUNTRY)				MARRIED   N		D LX		_			
	#5-2-V		SSachu	isetts	U.S.A.		VIDOWED [	DIVORCE	D USUAL C	Anne			County	MD
	PAGE 5 PAGE 5 PAGE 5 S. 301 W	200			Anne Arunde	E STREET ADDRESS)	OK OTHER INSTIT	UTION	FOR MOST C	F WORKING LI	E)	ORK 120	OR INDUST	RY
	SS BE TO		nnapol		Anne Arunde			al	Stud	lent		E	lucat	ion
5	ANY DEI AND 3 TO RETAIN HOULD BE RECORDS	13a S	TATE	13P/CON.		TY OR TOWN		CITY LIMITS?	13e. STREET A	DDRESS				
21201	TA K T HOUSE		ryland		comery Si	lver Sp		X NO□	2207	Glen	alle:	n A	<i>l</i> enue	
WD.	I N M	14. FA	THER'S NAME		MIDDLE	LAST	15. MOTI	HER'S MAIDEN	NAME	MIDDLE			LAST	
	OF AND		Jack	Will		indt		Marjo	rie				Ster	n
BALTIMORE,		16a. W	S. NO. OR UNKNO	D EVER IN U.S. ARA	WED FORCES? 16b. SO WAR OR DATES)	OCIAL SECURITY N	17. INFO	RMANT -		193	9 Go	1 5	Stree	4-
ALTI	SOIS		No		57	8-86-00	63 Jac	k W.	Windt		00.	11 3	Hori	1
			IB. CAUSE O	F DEATH (Enter onl	ly ane cause per line far (a), (					-Oai	asot	,	BETWEEN ONS	E INTERVAL
15	HN 24 HOU IN ITEM 18 R ALONG V SIT PERMIT. HYGIENE, D		90	IMMEDIAT	TE CAUSE (a)	ple Drug	Intoxic	eation						
STO			100	7	DUE TO, OR AS A CO	DNSEQUENCE OF								
8	D WITHIN ENCIL IN AMINER AMINER AT TRANSIT ENTAL HY		gave ris	ns, if any, which se to immediate	(b)									
₹.	IG" IN P		cause (a) lying cau	stating the <u>under</u> -	DUE TO, OR AS A CO	NSEQUENCE OF								
30			1911	1000	(c)									
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,		7	PART 2 OTNER SI	GHIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINA	L DISEASE OR CONDIT	IDN GIVEN IN PART	1 (0).		11			
0	ULD BE EX PENDING FF MEDIC ED AS A HEALTH A	CERTIFICATION	14 5 175 05	0.050 + 510 +										
7	SHOULD IRD "PER CHIEF A E USED OF HEA	IČA.	19a. DATE OF	OPERATION	19b. CONDITION FO	R WHICH OPERAT	ION WAS PERFO	RMED?			7		B. AUTOPSY	?
VII	R R R	E	AL EVERNIA	L CALIFE WAS	The or hims						- 7		YES 🔀	NO 🗆
Ö	CATE WE WE WID B THE MID B THE MENT OF BUR	2		L CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONT	H THY WEAD	21c. HOW INJUR			OF INJURY IN	TEM 18 PART 1	OR PART 2		
O N	AR TA	MEDICAL		OR CAUSE OF D		/22/1979		ngeste						
IVIS	2 E E E E	ME	21d. INJURY C	NOT WHILE	21e PLACE OF INJUR STREET, FACTORY, FARM College Ca	(Y (AT HOME,	211. LOCATION				llege	COUNT		STATE
	WR WR VAR VAR VAR VAR VAR VAR VAR VAR VAR VA		AT WORK	AT WORK	offede Ca	mpus Apt	Humphre	ay Bldg	• A	nnapo	Lis .	A.A.	Co.,	Md.
	ATE, ORN ORN IE SI		22a. I certif	fy that I took charg	e of the remains described a	bave, held an	Autopsy X,	Inspection	, Inc	quiry .	and in r	my apinio	on	
	EXAMINER CERTIFICAT JLD BE FO DIRECTOR: WITH THE ARYLAND;		death resulte	ed fram: Natty	al courses : Acciden	t , Suicie	de X , Hom	nicide .	Undetermin	ed manner				
	EXA CERT JID DIRE WITH			115	MARIA		TITLE	(SPECIFY)						
	AN AL		ACTUAL SIGNATURE	0/1	Viano		Assi	Istant	MEDICAL	EXAMINER	D S	ATE IGNED_	10/2	4/79
	DIC TE TI TE TI NER OPEA		EXAMINER'S	NAME H	Ormaz P			111 ,	D					
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL C AFTER DEATH, BALTIMORE, MA	100	TYPE OR PRI	VT)	ormez R. Guar	d, M.D.	ADDRESS	TYL ]	Penn S	treet	Ralto	o. M.	212	01
22		23a.Bl	JRIAL, CREMA	TION REMOVAL 2		NAME OF CEME		TORY	23d. LOCATI	ON		COUNTY		TATE
32	BP	(5	Cremat	ion, Removal 2		NAME OF CEME Metropo		TORY Cremat	ory	Alex	andri	county	Virg	
3 2	DHMH - 17 (VR A15 ME (5))	(5	Cremat	i on		Metropo	litan (	remat	Dry EC'D. BY REG	Alex	andri	COUNTY	Virg	inia



within 72 hour

completely filled in by the funeral 1 and 2 should be filed within 72

remove corbonpapers. Pages physicion

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burnol-transit permit. Then please remove corban papewith the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or remaval.

ATTENDING PHYSICIAN: The

etained by the hospital or attending physician

IMPORTANT: If them 21 is morked or them 18 shaws ony

must be notified at once.

medicol examiner

injury, or other traumotic event, the

	1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 2 3 8 2 CERTIFICATE OF DEATH  REG. NO.						
		CEASED NAME FIRST OR PRINT)	MIDDLE	Vris	iht	20 DATE OF DEATH	MONTH DAY	79 4 P	2/3	
	3 SE)	Male	Cauc	5. DATE OF E	BIRTH DAY YEAR 10 07	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UN IMONTH YRS.	DER I YEAR IF UNDER S	24 HRS MIN	
0	CC	NC.	CITIZEN OF WHAT COUNTRY?	WIDOWED [		9. BALTIMORE CITY O	20.		М	
0	m	illerwille !	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	DDRESS)	other institution	12a. USHAL OCCUPATION OF SERVICE PROPERTY OF MOSPON		RE KIND OF BUSINE	SS OR	
5	13a S	AL RESIDENCE (IF NURSING HOME OR OTH THE THE THE THE THE THE THE THE THE T	A HUNAPA	13	d. INSIDE CITY LIMITS?	130. STREET ADDRESS	14 DISO	v St.		
2/	14 FA	JAMES PIA	EY WEIGH	F 15	MOTHER'S MAIDEN MAN	MIDDLE	Du	ckett	_	
1		VAS DECEASED EVER IN U.S. ARMET (IF YES, GIVE WAI		803	LILLIAN .	E WRIGH	4 #	-B		
1		18 CAUSE OF DEATH Enter only of PART I, DEATH WAS CAUSED BY IMMEDIATE C	r. Sen	1	mib	1		APPROXIMATE INTERV BETWEEN ONSET AND D	/AL DEATH	
		Conditions, if any, which gove rise to immediate cause 10, stating the		conep	hritis					
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(p)								
	CERTIFICATION	Menin 190 DATE OF OPERATION	198. CONDITION FOR WHICH	Deme	ntia. NAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WE	RE FINDINGS USED		
0	ERTIFIC	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	10	1. HOW INDIVIDUOS COURS	YES NOW	YES 🗌	CAUSES OF DEATI		
1	EDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR	1c. HOW INJURY OCCURR	EL (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 (	OR PART 2)		
	MED	216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		II LOCATION STREET	CITY OR TOW	N C	OUNTY STA	TE	

226. SIGNATURE

220.1 certify that (1) (this hospital) attended the deceased from 0

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

22e. ADDRESS

ALLENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D ALIENDING

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

DEGREE

2) L NAME OF CEMETERY OR CREMATORY

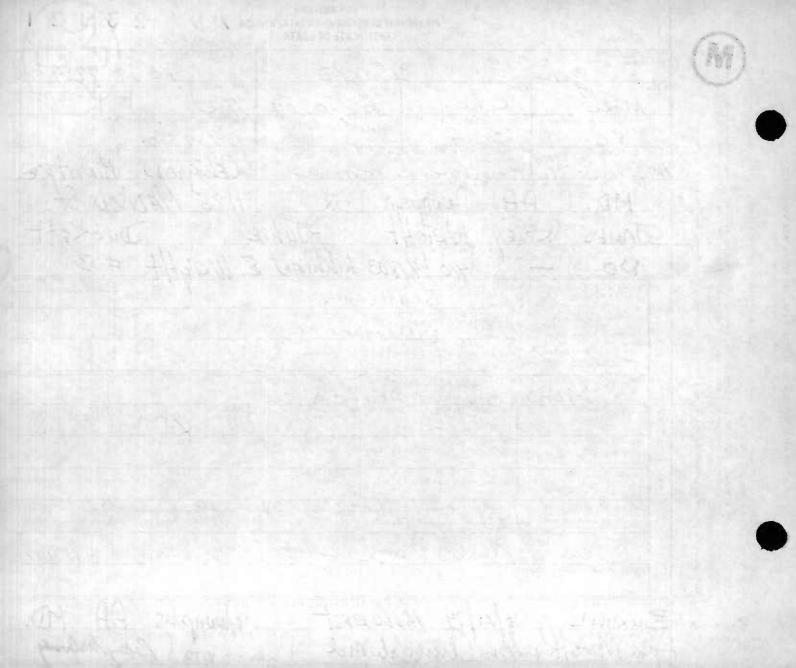
OCATION LITY OR TOWN

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

21

23b. DA/TE

REGISTRAR 256. REGISTRAR'S SIGNATURE



TO THE SECTION War I low of fr Accel Creek Kate of Book FREE EUS X TO SERVICE HUE Don't grand the total the state MIDDLE

**DHMH-16 25M** 

(VRA 15, 4) 1/79

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DECEASED NAME

- STATE

(TYPE OR PRINT)

INDUSTRY, 13. STEEL APPRESS New Cut Road same as 15 219-01-2584 Mrs. Margaret Habel Zaukus. wife APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that inf(my))(our) opinion death accurred on the date and haur and fram the couses stated 22c. DATE SIGNED 21061 325 HOSPITAL DR., GLEN BURNIE, MARYLAND Burnie, AA, Md. Glen Haven Mem.Pk. James S. Kirkley, Glen Burnie, Md.

REG. NO.

IF UNDER I YEAR

OAY5

HOURS

12h. KIND OF BUSINESS OR

20 DATE OF DEATH MONTH

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

5 5 6 5 5 CHICAGO STATE WALLS OF THE CO. State City and St. D. C. willy, aming. Looks teaments. box 4882 -1 -812 CHARLES A THE CHOMALE, THE BALLET 7225 NOTH TO ALL DISTRIBUTED IN THE PARTY OF THE PROPERTY OF THE PARTY OF THE - 5 Cot. 75 plon in vet and in it is in the second All Beauty collage. Alexandry . Than Sumia, this collaboration of the